



Event Confirmation

Host Organization: _____

Partner Organizations (if applicable):

Date of Event: _____ **Time of Event:** _____

Event Location:

Activities Planned for Your Event: _____

Target Audience (check all that apply):

Self-Advocates ___ Direct Support Professionals ___ Provider Management Staff ___

Community Members ___ Government Officials/Candidates ___ Media ___

If Government Officials or Candidates were invited, have any confirmed their attendance? If so, please list name and office: _____

Estimated number of attendees: _____

Do you need any assistance in contacting additional Partner Organizations? Yes No

Do you need any assistance beyond the Toolkit to plan and host your event? Yes No

Please explain: _____

Please complete and send this form to Amanda Circle at acircle@arcind.org or via fax at 317-977-2385 / Sarah Chestnut at sarah@inarf.org or via fax at 317-634-3221.