

COMMUNITY EVENT PARTICIPATION REQUEST

This form is to be completed by community organizations seeking the participation of the Broward County Office of Economic and Small Business Development in their upcoming events.

Organization Information:			
Organization:		· · · · · · · · · · · · · · · · · · ·	
Primary Contact / Event Coordinator:			
Title:		Phone:	
E-mail:			
Organization Type (check one): □ For	Profit ☐ Non-Profit ☐ Faith-Based	Form Submission Date:	
Event Information:			
Event Title:			
Event Date(s) and Time(s):			
Event Type (check one): Urrtual		pen to the public? □ Yes □ No	
Virtual Event Platform: WebEx	Zoom Skype Vimeo	Other	
Are there any registration or admission fe	ees to attend or participate? No	Yes (if yes, list fee) \$	
Login Information (if unavailable, state date it will be provided):			
In-Person Event Location and Address:			
arget Audience: Estimated Attendance:			
Event Purpose: Describe how this event promotes the mission of OESBD and Broward County?			
Type of participation requested	:		
□ Promotional Support		/ Presentation Materials	
□ Collateral Materials / Handouts□ Keynote Speaker / Presenter / Panelis		 □ Event Planning / Coordination Support □ Sponsorship (In-Kind / Financial) Include Sponsorship Details 	
At least 30 working days prior to the event, please email the completed form (along with your promotional materials and other relevant event information) to: CROTargetedOutreach@broward.org. Late requests may not be approved. For Internal OESBD Use ONLY (Attach pages as needed)			
Primary OESBD Coordinator: Date Submitted to CRO Manager:			
Vetted/Approved: ☐ Yes ☐ No			
Vetted/Approved: ☐ Yes ☐ No OESBD Director (Sign & Date):			
Participating OESBD Staff	Action Requested	Confirmed Availability	
		July 2023 OESBD Event Form No. 003	