



AAML CALENDAR EVENT REQUEST

Only One Event Per Sheet Please

Submitted by: _____ Date: _____

Name of Sponsoring Agency: _____

Name of Co-Sponsor, if any: _____

Title of Program or Event: _____

Start Date of Event: _____ End Date of Event: _____

City and State Event Will Be Held: _____

Event Website (for website button): _____

Contact Email (for contact button): _____

Description of Event (up to 500 words):

Please note: If no event description is provided, please state: "More Information to Come"

Special Instructions: _____

Approved for AAML Calendar Listing:

By: _____ Date: _____

National Headquarters

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