



## 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"*

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Special Instructions: \_\_\_\_\_

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Approved for AAML Calendar Listing:

By: \_\_\_\_\_ Date: \_\_\_\_\_

### National Headquarters

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