POKAGON OGITCHEDAW EVENT REQUEST

Name of Event:			
Date	Time	Start	Finish
	-		
Address/Department:			·
Contact Person with Co	all /Empile		
Contact Person with Ce	eu/Email:		
Number of Veterans to attend:			
Type of Event (Be Spec	cific):		
Travel Arrangements			
Hotel	Provided	Yes No	
If Yes, Name and Addre	ess		
If No, do you have a recommendation?			
Transportation	Provided	Yes No	
If Yes, pick up location	and time:		
Honorarium	Provided	Yes No	If yes, contact Monica Hadley
(this is not required)			for protocol.
Deadline for Request	<u> </u>		
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** This request goes to the Ogitchedaw Board. They meet once a month. Are you making the request in person and would like to be added to the next agenda?			
You will be notified of			dued to the next agenda:
Office Use Only below		-•	
•			
Received by:			
Dato:		RSVP Date:	
Date:		NOVE Date.	