

Stop The Clot® Forum Application

Date of Application: _____

Organizer:

Name: _____
 Address: _____
 City, State, Zip: _____
 Home Phone: _____ Cell Phone: _____
 E-Mail: _____ Fax: _____

Forum Specifics:

Proposed Day/Date: _____ Proposed Time: _____
 Intended Audience: _____ Proposed Venue: _____

Budget Information:

Refer to Budget Worksheet (see page 17)

Projected Gross Revenue _____
 Projected Costs _____
 Projected Net Revenue _____

Revenue Generated Through: Attendee fee \$ _____ Local sponsors

Outreach and Promotion: Check all that apply. (See additional information on page 50)

- Brochures, with targeted outreach to: _____
- Flyers, with targeted outreach to: _____
- Posters, with targeted outreach to: _____
- Paid Ads with insertion in: _____
- Other media, please specify _____

Please indicate known influential contacts to ensure at least 100 - 125 attendees for the projected Forum.

- MDs Media Fundraising Other (please indicate) _____
- RNs ACCs HTCs Pharmacists Hospitals

PLEASE RETURN COMPLETED FORM BY FAX OR E-MAIL TO:

Judi Kaplan Elkin
 Director of Regional Development & Education
 Fax: 781.784.5531 Email: jelkin@stoptheclot.org Telephone: 617.529.1054

For NBCA USE ONLY.

Approved by: _____

Date: _____