



the compassion to care, the leadership to conquer

THIRD PARTY EVENT REGISTRATION

To secure Alzheimer's Association approval (sanction), please provide the requested information. Mail the completed form to Shelli Foust at

Alzheimer's Association Orange County Chapter

17771 Cowan, Suite 200

Irvine, CA 92614

or FAX it to (949) 757-3700.

Please contact Shelli Foust at (949) 757-3706 or Shelli.Foust@alz.org if you have any questions

Contact Name _____

Organization/Group _____

Address _____

Phone _____ Fax _____ email _____

1. Please describe your event, activity, or promotion in detail. Include date(s), time(s), and location(s).

2. Please list all people and organizations involved with the event or activity (individuals, organizations, media, etc.)

3. What is the total amount of revenue you estimate will be generated from the event?

- Total revenue anticipated _____
- Total expenses projected _____
- Estimated amount that will be donated _____
- Other _____

4. Will the Alzheimer's Association logo be used? If yes, how?

5. Please outline how you will promote the event. Will you want help from Alzheimer's Association Orange County Chapter channels of communication?

6. What would the proposed responsibilities, if any, be for the Alzheimer's Association staff?

7. Is staff support from the Alzheimer's Association Orange County Chapter needed at your event or activity? If yes, please detail how many people are needed, their tasks, and their hours of attendance.

8. How did you choose the Alzheimer's Association Orange County Chapter to be the beneficiary of your efforts?

9. Have you considered possible liability issues? What is your plan?

10. Will you or your company benefit from the event (financially and/or via publicity)? In what way(s)?

Internal Review Conducted by

Name _____
Date

Event **APPROVED** **DECLINED** (circle one)

Name _____
Date