



safety support awareness

Event Registration

Event Details

Name of Event: _____

Place: _____
Street Address

City State ZIP Code

Event Website: _____

Brief Description of Event: _____

Time of Event: _____

Projected # of Participants: _____ Date of Inaugural Event: _____

Event Information

Would you like your event to be placed on www.interactofwake.org? YES NO **If yes, event information and contact information for the event planner will be placed online.**

Would you like: **InterAct General Agency Brochures** YES NO Qty. _____

Domestic Violence Literature YES NO Qty. _____

Sexual Assault Literature YES NO Qty. _____

Campaign For a Safe Place Literature YES NO Qty. _____

Would you like to use InterAct's logo? YES NO

(If yes, you must provide a sample budget along with this form. Expenses should not exceed 25% of revenue.)

Event Planner Information

Full Name: _____
Last First

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: () _____ Alternate Phone: () _____

Email: _____

If you will incur expenses for your event, please provide a sample budget with this form.

Projected Donation Amount: _____

**Please complete form and mail or fax to:
InterAct, Attn: Allison Strickland, 1012 Oberlin Road, Raleigh, NC 27605 fax: (919)828-8304**