

Calendar of Events Submission Form

Day(s), Date(s) and Time(s) of Event:

Organization Planning Event:

Organization Sponsoring Event:

Official Title of Event:

Event description (may be edited or rewritten by the CVB):

Location of Event; full address MUST include ZIP CODE:

Phone Number for Public to Contact About Event:

Are reservations required? _____

Is there an admission charge or is admission FREE? Is there a parking charge or is parking FREE?

Will shuttle buses take visitors to and from event? Where and when will shuttles pick-up attendees?

Will there be a charge for the shuttle bus service? _____

Can your event, parking lot(s) and driveway accommodate motorcoaches (groups of 46 or more)? _____

Is the event and/or venue handicapped-accessible? _____

Is this the first time event has been held? _____

Estimated number of attendees at previous event: _____

Do you have high-quality, high-resolution images (300 dpi or higher) of your event available upon request? _____ (Please do not send unless we request, thank you.)

Your name and title:

Your phone: _____

Your e-mail: _____ Your organization's website: _____

Questions?

Call (703) 396-7130 ext. 17, or 23

or email info@visitpwc.com