



WORLD LUPUS DAY EVENT FORM

Please complete this form so that we may share the types of activities your organization pledges to support on the World Lupus Day website. This website will give you and others a chance to see what organizations are doing to support World Lupus Day and will assist you in gathering ideas for future events.

Name of the organization: _____

Name of Event: _____

Date of Event: _____ Time of Event: _____

Address of Event: _____

City: _____ State: _____ Zip Code: _____

Please describe the World Lupus Day activity or event that your organization will be hosting:

Please describe the purpose and expected outcomes of the World Lupus Day activity or event:

Please list the organizations with which you will collaborate for the World Lupus Day activity or event.

So that any questions can be answered promptly, please provide the following information:

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____ Fax: _____

E-mail Address: _____ Website Address: _____