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| **Eaquals Member Name** |  |
| **Proposer Contact Name** |  |
| **Contact email address** |  |
| **Membership Status** (Accredited/Associate) |  |

**Outline the aims of the proposed event and show how the event addresses the specific aims of the scheme** (MAX. 500 words)

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**Description of the scope and nature of the event:**

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| ***Info on event organisers*** |  |
| ***Event type*** |  |
| ***Event length*** |  |
| ***Event duration*** |  |
| ***Event dates*** |  |
| ***Event venue*** |  |
| ***Intended audience & expected audience number*** |  |
| ***Expected outcomes*** |  |

**Outline the costs involved for the event including any funding available from the organising body and any other local/regional sponsors**:

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**Provide details of support required from Eaquals for the event**:

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Please tick the box to confirm that you would be prepared to display the Eaquals logo on all event programmes and material; use Eaquals slide templates for presentations; display an Eaquals banner where relevant. 🗆

Please tick the box to confirm that you would be prepared to promote Eaquals involvement in the event via all social media channels and tag Eaquals on any social media posts. 🗆

Please tick the box to confirm that you will deliver a short information session on Eaquals at the beginning of the event. 🗆

Please tick the box to confirm that there are no outstanding membership fees owed. 🗆

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| **Signed:** |  |
| **Date:** |  |