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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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| ***Event organisers*** |  |
| ***Event type*** |  |
| ***Event length*** |  |
| ***Event duration*** |  |
| ***Event dates*** |  |
| ***Event venue*** |  |
| ***Intended audience*** |  |
| ***Audience number******(Min. 75 participants)*** |  |
| ***Expected outcomes*** |  |

**Please show a copy of the budget outlining the costs involved for the event including any funding available from the organising body and any other local/regional sponsors**:

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**Please confirm level of support and funding required from the scheme:**

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**Please show a copy of the proposed promotional plan for the event:**

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Please tick the box to confirm that you agree to all of the following: 🗆

* to display the Eaquals logo/banner on the event programmes (provided by Eaquals)
* to use Eaquals logo/banner on all event ppt presentation slides (provided by Eaquals)
* to play a short video introduction about Eaquals at the start of the event (provided by Eaquals)
* to assist with promotion of the event ahead of the event and during the event
* to provide an opt-in option on the registration form for attendees who wish to learn more about Eaquals
* to send in a short video report outlining the outcomes of the event
* to send in a short written report with photos (min. 4) summarising the event
* to send in a final actual budget and confirmation of attendance numbers

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

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