

# WBASNY EVENT PUBLICITY FORM

<b>Event Title:</b>	
<b>Date:</b>	
<b>Venue:</b>	<b>(Include Address)</b>
<b>Sponsor(s):</b>	
<b>Contact For Ticket Info/More Info:</b>	
<b>Speakers/ Participants:</b>	<b>(Include Name, Full Title, and <i>attach Bio or CV</i>)</b>
<b>Target Audience:</b>	<b>(Attorneys, General Public, Industry/Age Group/Interest Group, etc.)</b>
<b>Summary Of Purpose Of Event:</b>	<b>(Brief Paragraph or two re: event)</b>

Submitted By: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_

**Submit To:**  
**WBASNY Public Relations**  
**tel: (212) 362-4445**  
**fax: (212) 721-1620**  
**e-mail: info@wbasny.org**

**\*\*PLEASE ATTACH COPY OF PROGRAM/AGENDA\*\***