Event Management Project Proposal Submission Form

rganization Name	
ontact Person	
onidot croon	
mail Address	
hone Number	
vent Title	
vent Type	-
roposed Event Date	
roposed Venue	
roject/Event Description	
bjectives	
arget Audience	
stimated Number of Participants	
stimated Budget (USD)	
Surriated Budget (OOD)	

Potential Partners/Sponsors		
Additional Information		