

Name of Organization:			
Address:			
City	State:	Postal Code:	
Contact Name:			
Event Details Name of Event or Project:			
Date of Event or Start Date for t		<del></del>	
(We are requesting at least four	weeks' notice of your event or proje	ect.)	
Location of Event or Project:			
Short Description of Event or Pro	ojects with Objectives:		-
			- -
Estimated Number of Attendees	or Participants:		
Amount or Itame Paguestad			

Please send the form to Townsquare Media by email at terri.ufkin@townsquaremedia.com or mail or drop it off at our Rochester office at 122 4th Street SW, Rochester, MN 55902.

















