

## Marketing Department EVENT REQUEST FORM

Complete for any event, conference, sponsorship, trade show or speaking engagement requests. Please provide as much detail as possible to expedite approval and budgeting. Attach supporting documents as needed. Email completed form and any attachments to MarketingSupport@GreyCastleSecurity.com

Name of Event		Start Date	End Date
Website		Setup Date	Take-down Date
Physical Address	If Applicable	If Event is	a Conference or Vendor Display
Est. Number of At Clients, Prospects,		Name, Position, De	epartment
Primary Relations	nip to GCS 🗌 Client 🗌 Partner 🗌 Other	Please Specify	
GCS Vertical Marke Mark all That Apply	et Higher Education Healthcare Technology Manufacturing	<ul> <li>Finance</li> <li>Other</li> <li>Please Specify</li> </ul>	
Mark all That Apply	C-Level Executives Other Level Mgmt Director Level Mgmt Non-Management	Requesting or Providing a Spe	aker? 🗌 Yes 🗌 No
Why Should GCS F	Participate?	If "Yes" Please Provide Details	
Who Will Attend ,		Estimated Costs? Include event cl Description	narges, travel, hotel, food, sponsorships Amount

GCS Logist

Must Include Purchase Funds Request Form if any Costs are Involved **GCS** APPROVALS Department Manager Name Date Signature Director of Marketing Date Signature

Document Version 09082022