LEAGUE OF WOMEN VOTERS
of Greater Rockford

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PRESS RELEASE

NO REQUISITION, NO PROMOTION

Please Release After: _____ **Press Release Sent Date** _____

Event Title _____

Event Date _____ **Event Time** _____

Event Location _____

Event Location Address _____

Event Location City _____

Event Location Phone _____

Event Contact _____

Event Contact Phone _____ **Event Contact Email** _____

Requisition Date _____

Event Committee Sponsor _____

Event Committee Chair Information

Event Chair _____

Event Chair Phone _____

Event Chair Email _____

Coordinator suggestions:

Event Information or attach sheet:

Please contact the Event Contact or Chair for further information.