



REGIONAL MEET-UP APPLICATION

HOST Information

Full Name: _____ Title: _____
Last First M.I.

Address: _____
CompanyName Street Address
City State ZIP Code

Phone: _____ Email: _____

EVENT Information

Venue Name: _____

Proposed Event Date: ___/___/___ Event Time: _____ Expected # Attendance _____

Address: _____
Venue Street Address
City State ZIP Code

Phone: _____ Email: _____

APPLICANT SIGNATURE _____ **Date:** _____

Return application to courtney.hammer@autocare.org
AND

Please provide us with more details about your event:

- What is the primary purpose of your event?
- How do you plan to promote it?
- Do you plan to have a speaker?
- Is there an industry event happening in your area at this time?
- Do you need help putting together a guest list?
- Include any other information we need to know.

Young Auto Care Network Group
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