

SECTION II: Event Information

1. Number of participants:

Maximum: _____

Minimum: _____

2. Total participant count due by (date): _____

3. Location of event delivery: _____

4. Date of event delivery: _____

5. Time of event delivery (from – to): _____ - _____

6. Dress requirement (if applicable): _____

7. Will fundraising take place in conjunction with the delivery of the event? Yes No

If **yes**, please specify. _____

8. If transportation is required to fulfill the gift, will your organization provide? Please note, events that require transportation are more easily accepted by WRNMMC when transportation is provided by your organization.

N/A Yes No If **yes**, please specify pick-up time. _____

If no, are you requesting WRNMMC provide transportation with gift funds? Yes No

If yes, please note that WRNMMC's transportation support is dependent on availability of:

- 1- Limited gift funds and
- 2- At least 10 WII and/or non -WII participate and
- 3- Event is within 50 miles of WRNMMC and
- 4- Cost of transportation does not exceed fair market value of gift.

9. Are WRNMMC attendants required to fulfill the event? Please note, events where attendants are not requested or needed are easier to accept.

N/A Yes No

If no, will your organization provide personnel to ensure command and control of the event?

N/A Yes No

If yes, please note assignment of medical/staff attendant is the exception, not the rule

- 1-Each event is reviewed on a case by case basis
- 2-Assignment of attendant requires senior leadership approval
- 3-If deemed necessary and attendant available, WRNMMC will assign attendant at government expense

10. Is media coverage anticipated? Yes No

If yes, you must obtain clearance from WRNMMC's Office of Public Affairs at 301.295.5727. In accordance with Health Insurance Portability and Accountability Act (HIPAA), at no time will pictures, personal identifying information, or personal health information (PII/PHI) appear in any manner in organization literature, internet, or organization websites.

11. Is the sponsor of the gift a contractor with, or seeking to do business with, the U.S. government?

Yes No

If yes, please clarify the sponsor's relationship with the U.S. government or WRNMMC. _____

12. Please state whether alcoholic beverages will be available. Yes No

If yes, WII may NOT partake due to potentially hazardous drug interaction.

13. If base access is required for the event, please provide the following information:

Date of Access: _____

Guess Last, First Name as it shows in the Government Issue identification (alphabetical order):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Company (if they represent a company): _____

Destination on Base: _____

POC Last, First Name: _____

POC Desk Telephone Number: _____

14. I have reviewed and will agree to the policies for use of the specified event location, including the cleanup responsibilities, smoking and parking _____ (Initials)

Signature: _____

Printed Name and Title: _____

Please use the space below for any further information you wish to provide.