

SCHEDULING SHEET FOR LT. GOVERNOR

DATE OF REQUEST: 6 / 2 / 2017
BY WHOM: Elizabeth Ford / Darryl

DATE OF EVENT: 6 / 24 / 2017 DAY OF EVENT: Saturday

TIME: 5:00pm DRESS: Cocktail

NAME OF ENTITY / ORGANIZATION: Leeza Gibbons Care Connection, Irmo

NAME OF EVENT: Dare 2 Care Fair - Cocktail Party / Sponsor Recognition & Auction

LOCATION / ADDRESS OF EVENT: Columbia Convention Center
1101 Lincoln Street

TRANSPORTATION? _____

PARTICIPATION: Speaking? X (How long? 10-15mins) Attending? _____

Topic(s) or Details re Participation: Caregiving, Community partnerships
LGOA partnering & supporting Leeza's Care Connection
to provide services to caregivers

Need talking points? will provide if needed Speech? _____

CONTACT PERSON: Elizabeth Ford, LGOA

Phone Number(s): 803-734-9902 Cell (day of event): 803-238-8390

Cost of meal: \$ N/A Details: _____

Description and cost of plaque or other object presented: _____

Other cost(s): _____

Podium on site? _____ Schedule of events? _____

Needed at event (circle any and all that apply):

Podium - Display Table - LGOA Staff - Info. Bags - Books - Handouts - Photo - Video

Time of Table Set-up: _____ Time of Table Breakdown: _____

Number of Participants (anticipated): _____

ATTACH E-MAIL OR OTHER CORRESPONDENCE RECEIVED PERTAINING TO EVENT

* Additional info for LGOA display table, etc will be provided to outreach staff