



## Request for Komen Iowa Representative

Thank you for your interest in having a Komen Iowa Representative at your upcoming event. Please fill out this form in its entirety and we will respond to your request within 10 business days. Please remember requests must be made at least 30 days prior to the event date and, although we will do our best to accommodate your event, this is a request only and is subject to the availability of our team.

**Important:** If there is a fundraising component included as part of your event, please fill out the Application to Conduct an Independent Fundraiser at [www.Komeniowa.org/get-involved/fundraising-for-Komen](http://www.Komeniowa.org/get-involved/fundraising-for-Komen)

Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Event Description: \_\_\_\_\_

Event Date, \_\_\_\_\_ Start and End Time \_\_\_\_\_ Location: \_\_\_\_\_

What would you like the Komen Representative to do? (Check all that apply)

Provide educational materials and a booth

Provide a presentation and speech of approximately \_\_\_\_\_ minutes

Other – Please explain \_\_\_\_\_

How many people do you expect to attend? \_\_\_\_\_

Who is the target audience? \_\_\_\_\_

If you have hosted this event previously, how many people attended? \_\_\_\_\_

What are the desired outcomes of your event and what value will Komen Iowa add to your event?

\_\_\_\_\_  
\_\_\_\_\_

Will any other non-profit organizations be present? If yes, which ones? \_\_\_\_\_

\_\_\_\_\_

**Thank you!**

For questions or to submit your application, please call 515-309-0095 or email [info@komeniowa.org](mailto:info@komeniowa.org)