EVENT REQUEST

State Form 56949 (4-20)

Please fill out this form completely and submit to Dave Shatkowski for approval.
Questions? 317-234-7671 or DShatkowski@dwd.in.gov

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

▶ Contact Information

Name:	Date *(mm/dd/yy)*:
Telephone:	E-mail:

▶ Project Details

Project Name:	DWD Program:	
Date of Event *(mm/dd/yy)*:	☐ On-site ☐ Off-site	Location:
Project Number:	Length of Event:	
Fund Number:	Activity Code:	
Program Number:	Department Number:	
Budget:	Number of People attending:	
Funding Source: ☐ State ☐ Federal ☐ Dedicated		

Event Details:

☐ Food	☐ Meeting Room	☐ Advertisement	☐ Room Setup
☐ Linens	☐ Registration	☐ Poster / Signage	☐ Program
☐ Video/ Equipment	☐ Invitations	☐ Theme	☐ Other

Additional Notes:

Additional Notes *(continued)*:

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