

\*Agency Name: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*Phone: ( ) \_\_\_\_\_ E-mail:

\_\_\_\_\_

\_\_\_\_\_

Agency Web address:

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\*Contact Person: \_\_\_\_\_ Contact Phone: ( ) \_\_\_\_\_

Cell  Home  Other \_\_\_\_\_

Contact E-mail:

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Event  Program  Workshop(s)  Other \_\_\_\_\_

\*Title: \_\_\_\_\_

Brief Description:

\*Date(s):

\*Time(s):

\*Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Event/Program Contact Information

\*Name:

\*Tel:

Other:

Event/Program Web link:

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**Please mail, fax, or e-mail to Indo at:**

SUNY Fredonia/Dunkirk Community Partnerships  
338 Central Ave.  
Suite 340  
Dunkirk, NY 14048

Tel: (716) 363-6352/6353

Fax: (716) 363-6354

dunkirkcopc@yahoo.com

\* *Must provide information.*

Event                       Program                       Workshop(s)                       Other \_\_\_\_\_

\*Title: \_\_\_\_\_

Brief Description:

\*Date(s):

\*Time(s):

\*Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event/Program Contact Information

\*Name:

\*Tel:

Other:

Event/Program Web link:

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Event                       Program                       Workshop(s)                       Other \_\_\_\_\_

\*Title: \_\_\_\_\_

Brief Description:

\*Date(s):

\*Time(s):

\*Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Event/Program Contact Information

\*Name:

\*Tel:

Other:

Event/Program Web link:

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*\* Must provide information.*