



Multicultural Community Service

Josephine Butler Parks Center
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EVENT INFORMATION SHEET

JOB NUMER: (to be completed by MCS) _____

NAME OF EVENT: _____

ORGANIZATION INCHARGE OF EVENT:

ADDRESS: _____

ORGANIZATION PAYING FOR THE EVENT:

CONTACT PERSON

TELEPHONE:

OFFICE

BUSINESS # / OTHER

FAX #

EVENT DATE

TIME

LOCATION

LANGUAGES

EQUIPMENT NEEDS (Simultaneous Wireless, Portable Oral Interpretation)

NUMBER OF PEOPLE IN THE EVENT:

NUMBER OF PEOPLE NEEDING EQUIPMENT:

SIZE OF ROOM NEEDING EQUIPMENT:
