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## CONTACT INFORMATION

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

Group: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## ABOUT YOUR EVENT

Topic: \_\_\_\_\_

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

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

Date: \_\_\_\_\_

Time: \_\_\_\_\_

## ABOUT YOUR GROUP

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

How Many: \_\_\_\_\_

Budget: \_\_\_\_\_

Nutrition Knowledge Level:    Limited                      Moderate                      Advanced

Anything else you would like us to know: