A logo with text on it

Description automatically generated

**Please fill in this form to add your event to our website.** Please **send this form** and any posters, photos, images, logos, video, files etc. about your event to: [reimaginingdementia@gmail.com](mailto:reimaginingdementia@gmail.com)

**Note:** Your event will be published once it is approved by our team.

|  |  |
| --- | --- |
| **Name (required)** |  |
| **Email (required)** |  |
| **Organization name (if applicable)** |  |
| **Organization website (if applicable)** |  |
| **Event webpage (if applicable)** |  |
| **Event registration link** (if different from above) |  |
| **Description of your event** (if not included on your event webpage, poster, etc.) |  |
| **Phone number** |  |
| **Event price** |  |
| **Event START date**  (If the event is re-occurring on multiple dates – please see question below\*) |  |
| **Event END Date** |  |
| **Event time**  (Please enter the event time in your local time. If the event is re-occurring at multiple times, see next question\*) |  |
| **\*Is your event reoccurring on multiple dates/times?** If yes, please provide details.  (If details about the event dates/times are available on your event registration page/event webpage/poster please say “see event registration page/event webpage/page/poster etc.” |  |
| **Event location** (if applicable)  Please include building name, street address, city/town, area, postal code, country |  |
| **Other**  (Use this space to add any other information you want to tell us about your event) |  |
| **Are you collaborating/partnering with anyone/organization to host your event?**   (if yes, please name any partners that need to be listed with the event) |  |
| **Are you reaching out to others in your networks to create awareness of your event?**   (YES/NO/NOT SURE) |  |
| **Will you be connecting with the media to create awareness of your event?** (YES/NO/NOT SURE) |  |
| **Are you interested in volunteering as part of an international campaign team?** If so, we will contact you.  (YES/NO/I have questions please contact me) |  |
| **Would you like to become a member of the Reimagining Dementia Coalition?** (it's free!) Learn more at: [www.reimaginingdementia.com/join-us](http://www.reimaginingdementia.com/join-us)  (YES/NO/I have questions please contact me) |  |
| **I give permission for Reimagining Dementia to add the information about my event provided on this form to the Reimagining Dementia website**  (YES/NO/I have questions please contact me) |  |

**Questions? Contact:** [reimaginingdementia@gmail.com](mailto:reimaginingdementia@gmail.com)