



Mayor James A. Diossa

City of Central Falls

EVENT FORM

NAME OF EVENT:

DATE:

LOCATION:

TIME:

****PLEASE ATTACH AGENDA OR RUN-OF-SHOW, ANY PREPARED PRESS MATERIALS AND SUGGESTED TALKING POINTS****

AWARDS/HONOREES: YES ___ NO ___

PLEASE SELECT TYPE OF FUNCTION:

- FORMAL MEETING
- BREAKFAST/LUNCH/DINNER (circle one)
- RECEPTION
- CONFERENCE
- NEIGHBORHOOD GATHERING / COMMUNITY EVENT
- FORUM DEBATE
- GRAND OPENING/GROUND BREAKING
- CEREMONY
- OTHER: _____

POINT OF CONTACT ON EVENT DAY:

PARKING: _____

OPEN TO MEDIA: YES ___ NO ___

MAYOR'S OFFICIAL ROLE:

- GREETINGS
- FORMAL REMARKS
- KEY NOTE
- ATTENDEE ONLY

SET UP:

- PODIUM - MIC
- STAGE
- OTHER (please briefly describe):

ELECTED OFFICIALS INVITED (please list):

NAMES OF HONOREES (please list):

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