



PROGRAM REQUEST FORM

Please submit a completed request to Oklahoma@uli.org – Your information will be submitted to our Programs Committee for possible follow-up/inclusion in our annual slate of events.

Contact Name: _____

Contact Organization: _____

Contact Email: _____

Contact Phone: _____

Suggested Event Name: _____

Suggested Month for Event: _____

Suggested Timeframe: _____

Suggested Location: _____

Event Address (If Known): _____

City, State, Zip (If Known): _____

Please provide a short description of your proposed program and how it relates to the ULI Mission & Priorities:

Does this event require participants to wear a hard hat; take place on or near the water; or involve any sporting activity? Yes No Not Sure

Is there a registration limit? Yes No Not Sure
If so, how many? _____

Do you hope to offer CE Credits? Yes No Maybe, let's talk
If so, which organization (AIA, AICP, or other)? _____

Is your company willing to sponsor the event? Yes No Maybe, let's talk