

Epilepsy Foundation Eastern Pennsylvania
Application Form for Special Events, Benefits or Promotions

Please read the attached guidelines before completing this application. Once completed, send the application form to:

Epilepsy Foundation Eastern Pennsylvania
919 Walnut Street, Suite 700
Philadelphia, PA 19107
(215) 629-5003 P
(215) 629-4497 F

You may call us at (215) 629-5003 x107 or email JGreenberger@efepa.org if you have any questions about the guidelines or form.

Once the application form is received, it will be reviewed for consideration and approval. We will contact you to discuss the details of the event and by filling out this application doesn't mean you will be approved.

Name of event: _____

Date/Time/Location: _____ Raindate: _____

Name of your organization: _____

Contact person: _____

 Email: _____

 Address: _____

 City, State, Zip: _____

 Daytime Phone: _____ Fax: _____

Event description: _____

How will revenue be generated (i.e. admission fees, tickets, raffle, proceeds, goods for sale)?
