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Calendar Submission Form

Organization Name: _____

Event Title: _____

Event Date: _____

Brief Description of Event (attire, theme, number of years held, etc.) What can guests expect at your event?

(Do not include organization information. This is event information, only.)

Location: _____

Start Time: _____ Per Person Ticket Price: _____

Contact Name: _____

Contact Address: _____

Contact Phone: _____

Contact Email: _____

Web Address: _____

Each calendar listing is \$60. All calendar entries require prepayment. Please include credit card information for this fee.

Circle one: MasterCard Visa American Express

Name on Credit Card: _____

Billing Address: _____

Email Address for Receipt: _____

Credit Card Number: _____ Exp. date: _____ Security Code: _____

Please submit form via fax to: Jenny Owens Hughes at 816.471.3131 or scan and email to jenny@kcindependent.com