**Events Calendar Submission Form**

The Faculty of Medicine has created a group calendar to host events hosted by or connected to the Faculty of Medicine.

**Event name:**

**Date:**

**Start time:**

**End time:**

**Location:**

*(Please include room number, building and/or street address. E.g. Room 2M101, Faculty of Medicine)***:**

**Host** *(Name of discipline, division, unit, office, etc.)***:**

**Description** *(No more than 150 words)***:**

*Your name and contact information will not be published*

**Name:**

**Email:**

**Phone:**

**Number of expected attendees:**

**Do you have a logo or graphic you wish to include?**

*Attached graphics need to be either a jpeg or png file*

***Once completed, please email this document and (where applicable) your logo/graphic to*** [***medevents@med.mun.ca***](mailto:medevents@med.mun.ca) ***and indicate that you would like to have your event added to the faculty-wide calendar.***