



Event Participation Report



Submit completed forms **2-3 weeks prior to the event via e-mail, USPS, or Fax to:**

CRSC Ambassador Program
1600 Spearhead Division Ave. Dept. 420
Fort Knox, KY 40122
Fax: 502-613-9550

Ambassador Name: _____

Event Name: _____ Event Date(s): _____

Event Location: _____

Expected Attendees: _____

Use the space below to let us know the type of audience that will be there (veterans, civilians, organization members, etc...). Do you need a Power Point presentation that is not available on the website? How are you supporting the event (i.e. table display, claim workshop, briefing)? Will media be present, if so, have they received advance information on TSGLI and/or CRSC?

Event Points of Contact: (Who are you working with to confirm participation?)

Contact Name:

Title:

Phone number:

Fax number:

E-mail address:

Contact Name:

Title:

Phone number:

Fax number:

E-mail address: