

Emerson's Cigars Event Request Form

Contact Name: _____ Phone: _____

Organization Name: _____

Date and Time of Event: _____

Location of Event: _____

Expected Attendance: _____

Expected Cigar Smokers: _____

Event Type: _____ Public: _____ Private: _____

If Public, how will it be marketed/promoted:

Other vendors involved:

Specific event request:

Other:
