



National Work Zone Memorial Host Application Form

Respect and Remembrance: Reflections of Life on The Road

EVENT LOCATION INFORMATION

Name of Event: _____
Venue: _____
Date of Event: _____
Nearest Major Metropolitan Area: _____
Estimated Number of People to View the Memorial: _____

PRIMARY CONTACT INFORMATION

Name: _____
Address: _____
City/State/ZIP: _____
Phone: _____
Fax: _____
Email: _____

HOST INFORMATION

Organization Name: _____
Address: _____
City/State/ZIP: _____
Phone: _____

SOCIAL MEDIA (The Foundation will promote your event on social media)

Preferred handle (@): _____
Preferred hashtag (#): _____

SHIPPING LOCATION

Address: _____
City/State/ZIP: _____
Do you have a loading dock? _____

PREFERRED DATES FOR MEMORIAL VISIT*

1st Choice: _____
2nd Choice: _____
3rd Choice: _____

*Please include Month/Days/Year. The Foundation recommends a maximum 4-day visit, in order to focus community attention most effectively. The Foundation will do its utmost to make the Memorial available to your organization on the requested dates. However, scheduling and travel requirements may cause us to ask for patience or flexibility, so that we may satisfy the needs of as many prospective hosts as possible. Submit form to: foundation@atssa.com. You will receive confirmation of the visit and dates in writing. The hosting fee for 2018 is \$950. One month prior to your event, you will receive a contract and invoice.