



17th Annual Cape Cod Maritime Days



May 2010

EVENT SCHEDULE FORM

Organization: _____

Address: _____

Telephone: _____

Website: _____

Contact person: _____

Contact mailing address: _____

Contact telephone: _____

Contact email: _____

EVENT DESCRIPTION

Title of program or event: _____

Type of program (lecture, tour, demonstration, etc.): _____

Date of program: _____

Time of program: _____ Cost (if event is not free): _____

Location of program: _____

Brief description: _____
