|  |
| --- |
| Name of Event |
| Location |
| Venue Name |  |
| Address |  |
| Address |  |
| City | State |
|  |
| Event Start Date: | Event End Date: |
| Event Start Time: | Event End Date: |
|  |  |
| Description: |
| Website: |
| Contact Name |
| Contact Email: |
| Contact Number: |

Please note:

• Complete the Events Application for VA Pain Management Calendar and email it to 00m@va.gov.

• VHA Pain Management reserves the right to alter, edit or remove an event listing or any information contained within it.

• Please make sure all information above is completely filled out and include links to any additional information posted on your organization’s website.

• VHA Pain Management does not guarantee approval and posting of your event to the website. All submissions must be reviewed and approved.

•Please allow up to 14 business days for your submission to be approved and posted to the website.