



PROGRAM/EVENT INFORMATION FORM

The LINK's number: 1.888.724.7123

1. Name of the event: **AARP Driver Safety Program**
2. Date and time of the event: **Thursday & Friday, September 5 & 6, 2019 from 6 pm – 9 pm each day**
3. Address and location of the event – include Room #, Floor, etc.
**RWJ Fitness & Wellness Center, Community Education Room,
100 Kirkpatrick St. 2nd Floor, New Brunswick, NJ 08901**
4. Parking: Free: **No** Ticket Validated **Yes** (up to 3hours)
5. Are guests allowed? **Yes** Age restriction? **Adults (18+)**
What is the max # of persons that can attend the event? **30**
If we meet the maximum #, would you like a "wait list"? **Yes**
6. Are children allowed to attend the event? **No**
7. Will there be refreshments? **Yes**
If so, what kind? **Water**
8. Is the event free? **No** Cost? **\$15 for AARP members; \$20 for non-AARP members for the 2-day (3hrs/day) course.**
Registrants must make check payable to: AARP and bring it to class.
9. Will there be CEU? **No** CME? **No**
If so, how many CEU? _____
Comments: _____
10. What information would you like us to obtain from the callers?
Comments: **Name, address, telephone, email, if they are AARP members**
11. We have the ability to assign time / appointment slots for the event.
Is this necessary for this event? **No**
If yes, please specify times _____
12. We can send out reminder calls prior to the event.
Would you like us to do so? **Yes. The day before the first event day.**
We typically send calls out the day before the event. Please specify when you want the calls to go out.
13. How will this event be advertised (ex. radio, flyer, email, newspaper, etc).
Flyer, email, newspaper and AARP website.

PLEASE FAX A COPY OF THIS FORM AND YOUR FLYER TO 732-557-7046 or email to Belynda.delgado@rwjbh.org 732.557.8000 extension 19330