

Community Calendar Submission Form

Name:	Date: mm/dd/yyyy
Employer:	Title:
Contact:	Phone:

	Community Calendar Topic	DATE TO START	DATE TO BE REMOVED
•	Event		
•	Training		
•	Workshop		
•	Seminar		
•	Conference		
•	Fundraiser		
•	Continuing Education (CE) Offerings		
•	Other- please list		

Please describe your submission in 50 words or less below include: date(s) and frequency, time(s), location, cost, learning objectives, modality (in person, virtual), registration link, web link to more information.

Description:
Registration Link:

Community Calendar Submission Form

Website Link for more information:

Email the completed form to: Connect@peerresourcehub.com. Receipt of this form does not guarantee acceptance all submissions will be reviewed for accuracy and relevance.

Date Approved & Initial: _____