



**Kansas Counseling Association  
REQUEST FOR EVENT CO-SPONSORSHIP**

Name of Requesting Organization:

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Contact Person:

(Please include name, title, address, and phone numbers.)

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Description of Event:

(Please include title, date, location, summary of program, intended audience.)

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Description of Anticipated KCA involvement:

(Please describe the type of assistance that your organization is interested in)

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Does your organization anticipate to realize a profit from this event? If so, how much ?

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