



**National Headache Awareness Week Activity Listing
June 6-12, 2010**

Name of Sponsoring Organization _____

Address _____

City/State/Zip _____

Contact
Name/Title _____

Contact Phone
Number _____

Name of Event _____ Date(s) of Event: _____ Time _____

Number of Days Event is Scheduled _____ Day(s) of the Week: S M T W TH F S

Location of Event (Be Specific) _____

If there is an Admission Charge, What is the Cost _____

Please Note any Discounted Rates for Special Populations (children/senior citizens/students/handicapped persons) -Include Age Ranges and Rates _____

Is On-Site Parking Available? Yes _____ No _____

If so, Where it is Located and What is the Cost _____

If Advance Registration is Required, What is the Phone Number _____

What is the Deadline for Registration _____

Are Walk-Ins Welcome: Yes _____ No _____

Goals of the
Event _____

Briefly Describe the
Event _____

Fax to: 312-640-9049

Mail to: National Headache Foundation
820 N. Orleans Street
Suite 217
Chicago, IL 60610-3132