

**VICKSBURG CONVENTION & VISITORS BUREAU
CALENDAR OF EVENTS LISTING**



Please provide as much detail as you can for inclusion in the calendar database.

1. EVENT NAME:

2. DATE OF EVENT:

3. EXACT LOCATION:

4. WHOM SHOULD VISITOR CALL FOR INFORMATION?

a. NAME/ORGANIZATION: _____

b. CONTACT PERSON: _____

c. TOLL FREE PHONE: _____ PHONE: _____

d. EMAIL: _____

e. WEB ADDRESS: _____ FAX: _____

f. PHYSICAL ADDRESS:

g. MAILING ADDRESS:

5. ANNUAL EVENT: _____ YES OR NO _____

a. IF YES, THIS YEAR MARKS IS WHAT? (5TH, 6TH) _____

6. IS ADMISSION CHARGED? _____ YES OR NO _____. \$ _____

7. BRIEF DESCRIPTION OF EVENT

8. WHAT WAS LAST YEAR'S ATTENDANCE? (if applicable)

9. THIS FORM WAS COMPLETED BY (IF OTHER THAN ABOVE)

a. NAME: _____

b. ORGANIZATION: _____

c. ADDRESS: _____

d. DATE: _____

e. PHONE: _____

PLEASE RETURN TO:

Visit Vicksburg

Attn: Ashley Gatian

1619 Walnut Street

Vicksburg, MS 39180

OR VIA EMAIL AT: ashley@visitvicksburg.com