



**UNIVERSITY OF
GEORGIA**
School of Social Work

EVENT INFORMATION FORM

NAME OF EVENT: _____

DESCRIPTION: _____

WHEN (Date and time): _____

WHERE (Building, room # and street address if off campus):

SPONSOR(S): _____

APPROVED BY (Faculty): _____

REGISTRATION LINK/CONTACT: _____

EVENT CONTACT (will be public): _____

WEBSITE/FACEBOOK URL: _____

HASHTAG(S) (optional): _____

SHARE VIA (Check all that apply):

SSW Calendar (ssw.uga.edu/calendar.html) and ssw.uga.edu home page.

Other SSW website space*

Facebook - UGASocialWork

Twitter @UGASocialWork*

DIGITAL SIGNS* SSW Bldg. UGA Channel Campus

UGA Master Calendar

Off-campus calendars (Athens Banner Herald, Flagpole, etc.)

Press release

Other (please specify): _____

*Please contact sswpr@uga.edu for details.