**Engagement Request Form**

In order to ensure Ikaaġun Engagement can fully serve your needs, we request that all engagement requests are initiated by completing this form.

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| Name: | *Who is completing this form?* |
| Date: |  |
| Email: |  |

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| **Project Point of Contact (POC) Information** |
| Name: |  |
| Title: |  |
| Organization: |  |
| Address: |  |
| Phone: |  |
| Email: |  |

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| **Project Information** |
| Project Name: |  |
| Organization(s): |  |
| Principal Investigator(s): |  |
| Funding Agency: |  |
| Project Start: |  |
| Project End: |  |

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| **Detailed Summary of Project** |
| *Please feel free to attach project description/documents* |
| **Please describe the engagement experience:** |
| *Who do you plan to engage with?* |
| *[* |
| *How do you plan to engage?* |
| *[* |
| *What role will Ikaaġun play in this engagement experience?* |
| *[* |

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| **Billing Information** |
| Billing Point of Contact: |  |
| Billing Address: |  |
| Email Address: |  |
| Phone: |  |
| Cell: |  |
| Special Notes/Requirements |  |