



Guam Memorial Hospital Employee Association

850 GOV. CARLOS G. CAMACHO ROAD
OKA, TAMUNING, GUAM 96913
TEL.: (671) 647-2296
FAX.: (671) 649-3640



TO: PRESIDENT, GMHEA
FROM: _____
SUBJECT: EVENT REGISTRATION FORM
DATE: _____

Request authorization to have the following function at the Guam Memorial Hospital Authority:

1. **Event Date:** _____.
2. **Event Name:** _____.
3. **Purpose:** _____

4. **Product (s)
To be sold:** _____
5. **POC:** _____

Print Name
Phone No.

I/we understand that should event be approved by GMHEA, I/we will donate ten percent (10%) of the gross fees collected to GMHEA.

I/we request that GMHEA Fee be waived because: _____

The aforementioned event is approved this _____ day of _____. The fee to GMHEA will be _____% of gross fees collected.

GMHEA

By: _____
Its: _____