Event Day, Month Date 00:00 to 00:00 p.m. Room ≉

Event Day, Month Date 00:00 to 00:00 p.m. Room ≉

Student Organization Name **EVENT NAME (LINE 1) EVENT NAME (LINE 2) EVENT NAME (LINE 3)**

This area provides the space needed to provide a brief, but compelling description for your event. You may wish to include details as to who would be the ideal audience to attend this event. Additional lines... Additional lines... Additional lines...

ADDITIONAL DESCRIPTION AREA

This area provides additional description space. You may provide a speaker bio if available, workshop or event specifics. Additional lines... Additional lines...

For more information, email ____@_ or call CONTACT (XXX-XXX-XXX) MICHIGAN STATE UNIVERSITY COLLEGE OF LAW

