



## DIVERSITY EVENTS CALENDAR EVENT POSTING REQUEST FORM

### SUBMITTER INFORMATION

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Host Organization:

Submitter Name:

Submitter Email Address:

Submitter Phone Number:

### EVENT INFORMATION

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Event Title:

Event Date:

Event Time (Time Zone):

Event Location:

Event Description (optional):

Primary Contact Person Name:  
(If different than submitter)

Primary Contact's Email Address:

Primary Contact's Phone Number:

Email form to the attention of Benjamin Phillips-Lesenana at [diversity@insurance.ca.gov](mailto:diversity@insurance.ca.gov). If available, remember to include a direct link to the event page and attach the event flyer. Link must direct to the event page specifically, *not* to the organization's home page.

*Any submissions received without the required information listed above  
will **not** be posted and the request will need to be resubmitted*