

In the name of Allah, the Most Beneficent, the Most Merciful

## LONG ISLAND MUSLIM SOCIETY, INC.

475 East Meadow Avenue, East Meadow, NY 11554 Tel: (516) 357-9060

## Program/Event Proposal / Notification Form

Scheduled/Proposed Eve	nt Date:						
Type of Program/Event: (0	Check only one ev	ent per form)					
LIMS Monthly Program	LIMS Youth Program			LIMS Annual Seminar			
Community Enrichment		Religious Hala	ıkah		Social		
Other (specify):							
Theme of the program/evoinformation if available						(Attach addition	aL
Target Audience							
Are there any speakers?	Yes	No	(If yes, List	their name below	v and attach a sho	ort bio for each)	
Estimated Cost of the Program/E	gram: \$	rovide a brief de	escription)	(Attach an estima	te if LIMS sponsors	the program)	
Coordinator of the program							
FOR LIMS OFFICE U LIMS Executive Comm program/event is:		ed the prograi	n proposal	notification and	d attached docu	ments. The	
Approved	Not Approved	Def	erred	Need addt'l	information		
On behalf of the Exe	cutive Committ	'ee					
President, LIMS E	C						