

# Requesting a Proclamation: Guidelines and Procedures: Submission #2

► SUBMISSION INFORMATION

**First Name**

Mohammad

**Last Name**

Mohseni

**Email Address**

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**Phone Number**

9495589133

**Date proclamation is to be presented**

2024-11-01

**Name of person accepting proclamation**

Mohammad Mohseni

**Organization represented, if applicable**

American Lung Cancer Screening Initiative

**Address for mailing proclamation to if presented and accepted virtually**

{Empty}

**City, State, Zip Code**

{Empty}

**Proclamation Title**

Lung Cancer Awareness Month

**Proclamation File**

[Proclamation.pdf](#)

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