

**Request for Meeting/Event Space
2016 ACCP Annual Meeting**

Name of Organization: _____

Contact Person: _____

Phone #: _____ Fax #: _____

E-mail: _____

Address: _____

Date for Requested Meeting Space: _____ Time Request Meeting Space: _____

Type of Event Being Held (please attach an agenda/description for event): _____

Number of People Expected at Event: _____

How would attendees be identified (if applicable): _____

Requested Meeting Room Set-Up (Round Tables, etc.): _____

Requested Food and Beverage Needs (approximate): _____

Requested Audio Visual Needs (approximate): _____

Do you want this event listed in the ACCP Meeting Guide and on the Web site: _____

Name of the event as you want it listed in the ACCP Meeting Guide and on the Web site: _____

Brief (3-4 sentences) description of this event as you want it listed in the ACCP Meeting Guide and on the Web site (Please note if this event is open to all meeting attendees or by invitation only. If it is open to all attendees, please provide contact information and how they can be reached for RSVPs.):

Date Form was Completed: _____

Please Return Completed Form for Approval to:

Gretchen L. Miles, CMP
ACCP Meeting Planner
American College of Clinical Pharmacy (ACCP)
Phone: (913) 492-3311
E-mail: gmiles@accp.com