Request for Meeting/Event Space
2017 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