

**Chapter Event Request for Executive Committee Member/Board of
Directors Representative Participation**

Chapter: _____ Event City/State: _____

Primary Contact's Name: _____ Title: _____

Phone: _____ Email: _____

Event Type: Conference Meeting Training Other: _____

Event Dates: _____ Host Hotel: _____

Expected Number of Attendees: _____ Attach a proposed agenda or other info (if available).

Elements of Participation being Requested: [Check all that apply]

Activity	Duration	Date / Start and End Times
<input type="checkbox"/> Keynote Speech	_____	_____
<input type="checkbox"/> National/Regional/Local Update	_____	_____
<input type="checkbox"/> Award Presentations	_____	_____
<input type="checkbox"/> Administering Oath of Office	_____	_____

Please explain the Executive Committee Member/Board of Directors Representative's role in the activity, whether it is exclusive time or if there will be competing activities, and how it will be marketed to ensure strong turnout.

Indicate below what participation expenses your chapter will defray or reimburse.

Registration Lodging Airfare Ground Transport Meals Other

Further explanation, if needed: _____

Signature of responsible fiduciary officer at time of request: _____

Additional Information (optional): _____

Please return this completed form to chaptereventrequest@apointl.org.