



BRPT MEETING PARTICIPATION REQUEST

This form may be completed and submitted by email to ejama@brpt.org or
printed and submitted by FAX to 703-610-0229
BRPT will respond to your request within ten business days

DATE OF REQUEST _____ CONTACT _____

E-MAIL _____ PHONE _____

NAME OF MEETING _____

DATE(S) _____ CITY/STATE _____

MEETING SITE _____

EXPECTED ATTENDANCE _____

AUDIENCE WILL INCLUDE (Please check all that apply) ☐ RPSGT ☐ CPSGT ☐ MD ☐ STUDENT/TRAINEE

☐ OTHER (Please describe) _____

THE AUDIENCE WILL INCLUDE PRIMARILY ☐ RPSGT ☐ CPSGT ☐ MD ☐ STUDENT/TRAINEE ☐ OTHER

ADDITIONAL MEETING INFORMATION (meeting theme, meeting history, etc.)

REQUESTING:

Exhibit Booth ☐ YES ☐ NO

DAY(S)/HOURS FOR EXHIBITS _____

TABLE TOP OR 10X10? _____

BOOTH FEE _____

Speaker

☐ YES ☐ NO

Topic _____

Length of Presentation _____

BRPT Exam and Product Handouts

☐ YES ☐ NO

If BRPT provides a speaker will exhibit fees be waived?

☐ YES ☐ NO

Please provide other pertinent information about this meeting:



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TRAVEL EXPENSES PROVIDED BY THE CONFERENCE HOST:

AIRFARE ☐ YES ☐ NO AIRPORT PARKING ☐ YES ☐ NO GROUND TRANSPORTATION ☐ YES ☐ NO

HOTEL ☐ YES ☐ NO HOW MANY NIGHTS? _____

BRPT OFFICE TO COMPLETE

DATE RECEIVED _____ (ATTACH E-MAIL IF APPLICABLE)

LAST TIME BRPT ATTENDED THIS MEETING _____

NUMBER OF BRPT REPRESENTATIVES NEEDED _____

MEETING APPROVED AND CONFIRMED ☐ YES DATE _____ BY _____

BRPT REPRESENTATIVE(S):

MEETING NOT APPROVED ☐ YES ☐ NO NOTIFICATION BY _____ DATE _____

PRIMARY REASON INVITATION DECLINED: