



BRPT MEETING PARTICIPATION REQUEST

This form may be completed and submitted by email to msaravia@brpt.org or printed and submitted by fax to 703-740-7227
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:



BRPT MEETING PARTICIPATION REQUEST

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: