



## BRPT MEETING PARTICIPATION REQUEST

This form may be completed and submitted by email to [msaravia@brpt.org](mailto:msaravia@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? \_\_\_\_\_

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**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: