

Meeting or Event Space Request
2024 ACCP Annual Meeting on Clinical Pharmacy

Name of Organization: _____

Contact Person: _____

Phone #: _____ Fax #: _____

E-mail: _____

Address: _____

Date Requesting Meeting Space: _____ Time Requesting Meeting Space: _____

Type of Event Being Held (please attach an agenda/description for event): _____

Number of People Expected at Event: _____

How Would the 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 Web site: _____

Name of the event as you want it listed in the ACCP Meeting Web site: _____

Brief (3-4 sentences) description of this event as you want it listed in the ACCP Meeting Web site (Please note if this event is open to everyone or by invitation only. If it is open to everyone, please state the contact for it and how they can be reached for people to RSVP.): _____

Date Form was Completed: _____

Please Return Completed Form for Approval to:

Lisa C. Miller, CMP
Meeting Planner
American College of Clinical Pharmacy (ACCP)
E-mail: lmiller@accp.com