**Events Page Update:**

**Event Title:**

**Event Date/Time:**

**Event Location Name:**

**Event Location Address:**

**Event Learning Objectives**

**Overall Event Description:**

**Event Agenda (Outline here or attach with this form):**

**Requesting Eventbrite Registration:**

 **[ ] Yes**

 **[ ] No**

 **[ ] If no, please list registration link:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event Type:**

 **[ ] Education - F2F Program**

 **[ ] Networking Program**

 **[ ] Collaboration Event**

**Event Cost: (***F2F General Expense - $25 Members, $35 Non-Members, $10 Students)*

 **$\_\_\_: Members**

 **$\_\_\_: Non-Members**

 **$\_\_\_: Students**

**Event Sponsor:**

**If this meeting is being held in conjunction with another event or if there are co-sponsors for this program, please identify:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event contact person:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Moderator**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Linked In URL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Headshot Photo Attached**

**Panelist** (*2 – 4 Panelist Requirement)* **Panelist** (*2 – 4 Panelist Requirement)*

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Linked In URL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Linked In URL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Headshot Photo Attached \*Headshot Photo Attached**

**Panelist** (*2 – 4 Panelist Requirement)* **Panelist** (*2 – 4 Panelist Requirement)*

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Linked In URL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Linked In URL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Headshot Photo Attached \*Headshot Photo Attached**

**Other important details to capture for this event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The following content is required in addition, to submit a request for **Education – F2F Program.**

**Template Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Joint Sponsor (optional - another ACHE Chapter or any other partnering organization.)**

**Number of ACHE Qualified Education credits requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**