 **Chapter Event Submission Form**

**CHAPTER DETAILS**

|  |  |
| --- | --- |
| Chapter |  |
| Chapter Leader (s) |  |
| Chapter Leader (s) Email/Phone | / |

**EVENT DETAILS**

|  |  |
| --- | --- |
| Date |  |
| Event Name |  |
| Time |  |
| Location |  |
| Event Description |  |
| Registration Cost |  |
| Max # of attendees (if applicable) |  |

**EDUCATION PROVIDER PROGRAM (EPP)**

Event includes an educational component (If yes, complete the information below) YES NO

|  |  |
| --- | --- |
| EPP Company |  |
| EPP Contact |  |
| EPP Contact Email/Phone |  |

**REGISTRATION DETAILS**

Registration will be managed by FCSI TA Headquarters EPP Company Other

If other, please elaborate

|  |  |
| --- | --- |
| Contact name/email for registration questions |  |
| Date to begin promo email/invites |  |

**The Chapter requests the following from FCSI TA Headquarters (check all that apply)**

Printed Name Badges (alternative to this is handwritten name tags on-site) YES  NO

On-site Assistance (Chapter incurs all travel expenses) YES NO

Promotion of event YES NO

**ADDITIONAL EVENT INFORMATION**

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