 **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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