CHAPTER EVENT FORM

Chapter Contact Information

Chapter

Region

First Name

Last Name

Phone Number

Submission Date *(mm/dd/yyyy)*

Email Address

Chapter Event Information

Event Title

Event Date *(mm/dd/yyyy)*

Start Time

End Time

Event Format

☐ In person   ☐ Virtual   ☐ Hybrid

If Virtual or Hybrid, please answer the following questions.

Do you want OACETT to provide a Zoom event link?   ☐ Yes   ☐ No

If no, please provide your Chapter Event's Virtual Meeting Link.

1

If In person or Hybrid, fill out address below.

Location name

Street Address

Town/City

Postal Code

Is this a CPD-approved event? ☐ Yes ☐ No

*If no and you would like it to be approved, please fill out **THIS** form.*

Event invitations to be emailed to: *(Click all that apply)*

☐   Chapter members   ☐   Region members

Comments:

Provide a brief description/learning outcomes of the event in bullet points.

Speaker's name and brief bio (include qualifications, company name & web address, if applicable):

Provide any Chapter social media links.

Event Registration Information

Registration Opening Date

(mm/dd/yyyy)

Registration Closing Date

(mm/dd/yyyy)

Maximum number of registrants

Registration Method

☐ Chapter Email   ☐ Chapter Eventbrite   ☐ OACETT Zoom

☐ OACETT Eventbrite   ☐ Chapter Virtual Hosting

Chapter be absorbing Evenbrite tax and fees *(check applicable boxes)*

☐ Taxes   ☐ Fees

Event Registration Fee

OACETT Member

Non-Member

Student

Children

Supporting Documents *(where applicable)*

Event Waiver & Consent Form   Certificate of Insurance

Event Waiver & Consent Form (Minors)   Onsite Registration Template

Return completed form to Sarah Yazdi, at syazdi@oacett.org

3