

# 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.

*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](mailto:syazdi@oacett.org)**