

EASTERN DISTRICT

NORTH CAROLINA PUBLIC HEALTH ASSOCIATION

PROGRAM INFORMATION FOR ANNUAL EDUCATION CONFERENCE

DATE: _____

SECTION: _____

CHAIR PERSON: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: (____) _____

SECTION MEETING: DATE: _____ TIME: _____ TIL _____

PROGRAM TITLE: _____

SPEAKER (S): _____

ROOM ARRANGEMENT: (CONFERENCE, THEATER, ETC.) _____

ESTIMATED ATTENDANCE: _____ HEAD TABLE: YES NO: NUMBER _____

WORKSHOP: DATE: _____ TIME: _____ TIL _____

PROGRAM TITLE: _____

SPEAKER (S): _____

ROOM ARRANGEMENT: (CONFERENCE, THEATER, ETC.) _____

ESTIMATED ATTENDANCE: _____ HEAD TABLE: YES NO: NUMBER _____

MAIL FORM TO: EDNCPHA PRESIDENT- ELECT (PROGRAM CHAIRPERSON)

NOTE: SECTION CHAIRPERSON ARE RESPONSIBLE FOR MAKING HOTEL RESERVATIONS, PAYING FOR MEALS FOR THEIR GUEST SPEAKERS AND PAYING FOR RENTAL ON ANY EQUIPMENT USED.

PLEASE SUBMIT INFORMATION FORM PRIOR TO: (DATE) _____

EASTERN DISTRICT

NORTH CAROLINA PUBLIC HEALTH ASSOCIATION

FUNCTION SHEET

MEETING: _____

ROOM: _____

DATE: _____

TIME: _____

ROOM SET-UP AND NUMBERS: _____

HEAD TABLE AND NUMBERS: _____

A.V. EQUIPMENT NEEDED: _____

FOOD FUNCTION: _____

SPECIAL NEEDS: _____

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FOOD AND BAR FUNCTION

TYPE OF EVENT: _____

ROOM: _____

TIME: _____

BAR: _____

FOOD: _____

NUMBER TO BE SERVED: _____

PAYMENT: _____

SPECIAL NEEDS: _____

