



Event Request

Organizer		Event Name	
Telephone		Event Date	
Fax		Event Type	
Email		# CME Hours (if CME offered, contact VISN8 Education Network)	
Mail Stop/VA Location		Date Submitted	

Event Details

In addition to completing the information below, *provide an outline of the program objectives, content descriptions, and speaker information.*

1	Location of Event					
2	Target Audience	VA Faculty/Staff:	MDs/PhDs	NPs	RNs	Pharmacy
			VA Employees	Patients	Public	Other
3	Anticipated # of Participants (Attendance sheet must be sent to NFFRE following event)					
4	Is this a new event? (if yes skip to #6)					
5	History of Event					
6	Joint sponsors, if any (Requires a letter of agreement)					
7	Exhibitors, if any					
8	Funding Sources (include \$ amounts on attached budget)	Sponsorship	Registration	Exhibitors (VA negotiates with vendors)		
		NFFRE Account	Other	Describe		
9	Required Attachments	Budget	Agenda	Speaker CV/Bios		
		Signed FCOI	Other Attendee List	NFFRE approval email		
10	Other Applicable Attachments	Facility Contract	Exhibitor List	Letter of Agreement		
		Registration Worksheet	Other	Name		