

# RBC LIFE SCIENCES® Associate Meeting Request Form

*Please fill out this form in its entirety so that we may better prepare for and promote your upcoming event.*

Fax this form to 972-893-4111

Associate ID: \_\_\_\_\_

Event Date: \_\_\_\_\_

Host Name: \_\_\_\_\_

Host's Phone Number: \_\_\_\_\_

How many people are you expecting to attend: \_\_\_\_\_

Would you like RBC to send materials to your meeting (catalogs, samples) \_\_\_\_\_

Would you like RBC to create a flyer for your meeting: \_\_\_\_\_

Please circle/highlight what you would like your meeting to be:

Product focused

RBC opportunity

RBC Associate training

Other: \_\_\_\_\_

## Event Venue Details

Name of Venue: \_\_\_\_\_

Venue contact person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Time Space is Available: \_\_\_\_\_

Cost of Venue: \_\_\_\_\_

Seating Style: \_\_\_\_\_

How many people will the venue hold: \_\_\_\_\_

What time will your meeting start: \_\_\_\_\_

What time will your meeting end: \_\_\_\_\_

Who would you like meeting guests to contact for additional information on your meeting:

\_\_\_\_\_