

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:
