

APPENDIX VII

**EASTERN DISTRICT
NORTH CAROLINA PUBLIC HEALTH ASSOCIATION**

PROGRAM INFORMATION FOR ANNUAL EDUCATION CONFERENCE

DATE: _____

SECTION: _____

CHAIRPERSON: _____

MAILING ADDRESS _____

TELEPHONE NUMBER: () _____

SECTION MEETING: DATE: _____ **TIME:** _____ **TIL** _____

PROGRAM TITLE: _____

SPEAKER (S): _____

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

AUDIOVISUAL REQUIREMENTS (SPECIFY) _____

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

WORKSHOP: DATE: _____ **TIME:** _____ **TILL:** _____

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 IS 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 MARCH 1, 200X