

ANS CLASS II AND IV TOPICAL MEETING APPROVAL REQUEST

Name of Meeting:

Date of Meeting:

Meeting Location:

Major Sponsor(s):

Organizing ANS Professional Division:

General Meeting Description/Objectives:

General nature of session topics (May attach a separate list):

Meeting Frequency:

☐ Annually ☐ Every 2 years ☐ Every 3 years ☐ Other:

Does this Meeting rotate among the Sponsoring Organizations? Yes No

Will an Exhibit/Expo be part of this meeting? Yes No

Will the registration fee for ANS Members be the same as the fee charged members of the primary sponsoring organizations? Yes No

Meeting Contacts:

General Chair:

Name:

Affiliation:

Phone:

Email:

Program Chair:

Name:

Affiliation:

Phone:

Email:

Send this completed form and Form 8 to the ANS Director of Meetings and Programs.