

Meeting Endorsement Request Form

*Please complete and fax or email to: Christine Parvez, APS Meetings
Department.
(301) 209-0866, parvez@aps.org*

Please print or type the following information:

Date: _____

Meeting to be Endorsed

Title: _____

Dates: _____

Location: _____

Abstract Deadline: _____

Requestor's Information

Name: _____

Affiliation: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Contact Information (to be included with the announcement)

Name: _____

Affiliation: _____

Address: _____

Phone: () _____

Fax: () _____

Email: _____

URL Address: _____

Comments: _____
