

AAPS MEETINGS
FDA SPEAKER REQUEST FORM

Name of Sponsoring Association: American Association of Pharmaceutical Scientists

Date of Meeting: _____

Location of Meeting: _____

Sponsor Mission Statement: To serve the pharmaceutical sciences, promote the economic vitality of the pharmaceutical sciences and scientists, and represent scientific interests within academia, industry and government and other private and public institutions.

Target Audience: Pharmaceutical Scientists

Purpose for which the FDA Employee is being invited (Check one):

Short Course Symposium Roundtable
 Open Session Sunrise Pharmacy School

Name of Proposed Speaker

(Please note to expedite your speaker request, please list your choices in order of highest to lowest priority (with the #1 candidate receiving the highest ranking followed by candidates #2 and #3) Please note that the Agency retains absolute discretion regarding the selection, confirmation and level of participation of its speakers.)

- 1) _____
- 2) _____
- 3) _____

Date of Session: _____

Session Title: _____

Suggested Presentation Title: _____

Name of Person Submitting Request _____

Submitter's Phone Number _____ **Fax** _____

Nature of Costs to be Reimbursed to FDA: AAPS offers airfare, lodging, meals, miscellaneous expenses and waived registration fees for short course and symposium speakers only. It is understood that FDA's acceptance of any offers for travel reimbursement will adhere to DHHS-348 Cash or In-Kind travel policy. *Please note that AAPS will not offer reimbursement for FDA speakers at Roundtables, Open Sessions and Sunrise Pharmacy Schools sessions.*

Please fax the completed request form to:

AAPS Meetings Manager
Fax: (703) 243-5582