

NATIONAL ASSOCIATION OF PARLIAMENTARIANS®
NAP PQC/PRC INTEREST FORM

Event Information

Event _____
Dates (1) _____
Dates (2) _____
Vicinity/Area _____

Lead Person Contact

Name _____
Phone _____
Email _____

Facility

Training Location _____
Address _____
Phone _____
Contact _____
Other Info _____

Names of potential attendees (need a minimum of six names)

Name	Email	Phone
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

Prepare a budget using the attached excel spread sheet.