

Host Form

Host Name:	Position/Title:
Email:	_Phone:
Administrator Name:	Position/Title:
Host Institution:	
Date of Session:Program Start	Time:Program End Time:
Will you be charging a fee (check one)? YES	NO If yes, how much?
Session Location/Address:	
City, State, Zip Code:	
Additional Location Information (specific door to ente	r, parking lot etc. to help people when they arrive):
Invitations: if you would like to limit invitees to certain groups, divisions or coaching levels, please indicate your preferences:	
members are welcome to attend.	attendees if necessary. Both WBCA member and non-
Size restriction: If you wish to limit the number of at	
On-site contact(s) other than yourself:	
Please fax this completed form to 770-279-8473 o	or email to Kara Hess at <u>whiteboard@wbca.org</u> .