**Set-Up Form**

**Engagement Center of Excellence**

**Meet the HBA Event**

**V05302018**



* Please submit this form no less than **6 weeks prior to the event date**.
* Submission of incomplete forms may delay opening of registration.

# Forms submitted less than 30 days prior to an event may require your chapter president’s approval.

**Send completed form to** [**events@hbanet.org**](mailto:events@hbanet.org)

**Required fields are highlighted in “red”  
Chapter/Affiliate location:**       (for a full list of chapters/affiliates, visit[**http://www.hbanet.org/chapters**](http://www.hbanet.org/chapters)**)**

**Event type: Networking**

**Event audience** (select only one):

**Primary Competency:** 9. Networks and ethically self-promotes

**Secondary Competency:** No Secondary Competency

**Event date:**       **Start time****:**        **End time****:**       **Time zone:**

Assumes event is in local time.

**Event title**

Meet the HBA: activity name (Coffee Chat, Happy Hour, etc)

**Event short description**

HBA (chapter) membership committee invites you to join us for a fun an informal gathering.

**Event description**

**Interested in getting to know more about the HBA and meeting some of our members? Join HBA members, leaders, and others committed to gender parity in an informal setting to learn more about HBA happenings locally and globally. These gatheringss have a reputation for forming long-lasting friendships with women in all areas of healthcare and give you a sense of what membership in the HBA is all about.**

**Participants are responsible for the cost of their own food and drinks.**

**Agenda**

      -       Participants arrive

      -       Networking and wrap up

**Event location**

Name of venue:

Address:        
City/state/zip:

Phone:

**Special instructions** (e.g., parking information):      

**Registration information**

**Event is open to:**

**Online registration deadline:**         
**Onsite (walk-in) registration:**

**Capacity**

Is capacity limited?

Space is limited to       registrants.

*Actual capacity (max allowed in system; not published):*

**Event questions/support**

**-** **Chapter** **contact for event:** Name:       Email:       Phone:

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**Additional instructions or information for HBA event staff**:

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**Send completed form to:** [**events@hbanet.org**](mailto:events@hbanet.org)

**Resources - Click on links to download these resources:**

* [HBA Newsletter and Email Schedule](http://www.hbanet.org/sites/default/files/Documents/Events/PDF/2017%20HBA%20Newsletter%20and%20Event%20Eblast%20Schedule.pdf)