

ID# _____



American Academy of Physician Assistants

AAPA Chapter Lecture Series Information Sheet

NAME OF MEETING	
MEETING DATES	
MEETING LOCATION	
CITY, STATE	
LECTURE DATES AND TIMES	
EXPECTED ATTENDANCE	
CME CONTACT NAME	
ADDRESS (WHERE CHECK SHOULD BE MAILED TO)	
PHONE NUMBER	
FAX NUMBER	
E-MAIL ADDRESS	
TOPIC INTERESTED IN	
SPEAKER ASSIGNED	