

## SCS In-Cooperation Request Form

Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Conference Details

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Organization Email Address: \_\_\_\_\_

Event Web Page Address: \_\_\_\_\_

Name and Title of Event Chairs: \_\_\_\_\_

Event General Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Additional Notes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_