

Meeting Endorsement Request Form

*Please complete and fax or email to: Christine Lenihan, APS Meetings Department.
(301) 209-0866, lenihan@aps.org*

Please print or type the following information:

Today's Date: _____

Meeting to be Endorsed

Title: _____

Dates: _____

Location: _____

Abstract Deadline: _____

Requestor's Information

Name: _____

Affiliation: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Contact Information (to be included with the announcement)

Name: _____

Affiliation: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

URL Address: _____

Comments: Let us know what area of physics will be covered in the meeting. (We need to know which APS members would be most interested in your event):
