



Regional Meeting Funding Request Form

The Rho Chi Society

Date of Planned Event		
Name of Event		
Anticipated Number of Attendees		
Organizing Chapter		
University/College		
Region		
Chapter Contact Person		
Chapter Contact Title (i.e. Chapter Advisor, Chapter Officer)		
Contact Telephone		
Contact Email		
Attendees (Use additional sheet if necessary)	Chapter Name	University/College
Schedule of Events (Brief Description of Seminars/receptions/programming or attach sheet)		
Budget (Room rental, food, meeting costs, travel)		

Following the event, a written summary must be provided to the National Office within ten (10) days.

Please submit request to:

Rho Chi Society National Office

University of Michigan, College of Pharmacy

428 Church Street, Suite 2568 NUB

Ann Arbor, MI 48109 -1065

Or email form with supporting documents to: rhochisociety@umich.edu

Approved by the National Office: _____ Date: _____