

## **American Scientific Affiliation Zoom Meeting Request Form**

This form can be used to request assistance from the home office to utilize the ASA Zoom license. Please provide the information below and forward this form to [Becky@asa3.org](mailto:Becky@asa3.org).

ASA Chapter or Group:

Contact Name:

Email and Phone Number:

Date / Time of the Event:

Event Title:

Presenters:

Abstract or topic:

Estimated number of Participants:

Please save the meeting recording as a YouTube video? Yes No

Registration required and instructions: Yes No

Additional special instructions (password requested, moderator needs, etc.):