ALL FIELDS ARE REQUIRED. This form may be submitted at any time; please do not include events until details are final. Approved submissions will be added to the ASHRM chapter event calendar within 5 business days. Please send completed form to nlegge@aha.org

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| --- | --- |
| Event title: |  |
| Date: |  |
| Time: |  |
| Location: |  |
| Short description (3-4 sentences) |  |
| Hosted by: |  |
| Fees: |  |
| Fees for ASHRM members: |  |
| Registration link: |  |

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