

# University of Washington School of Pharmacy Event Planning Form

Name of the event \_\_\_\_\_

Date and location of the event \_\_\_\_\_

Student Lead \_\_\_\_\_

Student Organization (if applicable) \_\_\_\_\_

Faculty Advisor \_\_\_\_\_

Description of the event:

List all student participants:

List all preceptors:

Additional information:

\_\_\_\_\_  
Student Lead signature and date

\_\_\_\_\_  
Faculty advisor/preceptor signature and date

Date approved \_\_\_\_\_