



Certification of Insurance Request Form

Date of Request

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Chapter Name and EIN

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Contact Information for chapter (person, address, and email)

Name of party requesting the certificate (e.g. hotel)

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Name and address of hotel / conference center

Description of the event (e.g. Dinner Meeting, Educational Seminar)

Date and time (beginning and ending) of the event

Approximately how many people will be attending the event?