

**National Association of Activity Professionals**

**P.O. Box 5530**

**Sevierville, TN 37864**

Phone (865) 429-0717

fax (865) 453-9914



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**NAAP Regional Workshop**

**Request Form**

If your State/International Country would like to have a NAAP Regional Workshop, **please fill out this form and return to:**

NAAP Office  
Regional Workshop  
P.O. Box 5530  
Sevierville, TN 37864

Name of State/International Country \_\_\_\_\_

State Contact/International Person for Regional Workshop: \_\_\_\_\_

Credentials: \_\_\_\_\_ Phone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Proposed Date of Workshop \_\_\_\_\_ AV Equipment on Site \_\_\_\_\_

Proposed Site of Workshop \_\_\_\_\_ Fee for AV Equipment \_\_\_\_\_

Workshop location contact: \_\_\_\_\_ Rental for use of site (if any) \_\_\_\_\_

Workshop location phone number \_\_\_\_\_ Fax Number \_\_\_\_\_

Nearby cities/states/provinces that would benefit from Regional Workshop \_\_\_\_\_

Topics needed: \_\_\_\_\_

Number of attendees expected \_\_\_\_\_

Date Workshop was approved: \_\_\_\_\_  
**(Membership Trustee or NAAP Office to fill out)**