

**ASPAN**

American Society of PeriAnesthesia Nurses

Zoom Meeting Request Form

This form **MUST BE COMPLETED** every time a Zoom meeting is requested. Please complete and submit this form to dingram@aspan.org.

- **Zoom Meetings** allow for viewing participants along with screen sharing. There is also an option to record the meeting.
- For **component meetings**, please contact your **Regional Director** or **Nickole Price** at nprice@aspan.org for further direction.

Request Date

Name of requestor (First and Last)

Start Time (Eastern)

End Time (Eastern)

Meeting Format

Number of Participants (maximum 300)

Meeting Type (Board, SPG, SWT, Other)

Topic

Office Use Only/ASPAN to Fill in Below

Approval

Zoom Meeting Room Assigned

If NOT Approved, Explain Why

Date Returned

*****Room #3 – Recording Room** – Recording is **NOT** automated. The meeting host is responsible for starting and stopping the Zoom recording.