



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 **Ursula Mellinger** at umellinger@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.