



STUDENT ORGANIZATION PROFESSIONAL EVENT PARTICIPATION FORM

We would like to support you with your Professional Event efforts. In order for us to do this, please submit this for to the Student Affairs Office in Cline 106 **at least one week** before the Professional Event.

Name of Event: _____

Organization(s) sponsoring the event: _____

Organizer Contact Information

Name: _____

Email Address: _____ Phone Number: _____

Date(s)/Time of Event: _____

Location of Event: _____

Nature of Event (Please describe in detail): _____

Please provide an explanation of your program objective: _____

Please describe any specific training you utilized in preparation for this event: _____

Agency or Community Partner who will benefit (Please list the contact information): _____

Name and contact information of supervising pharmacist: _____

Number of CPHS students participating in event: _____

Did your organization participate last year in this event? Yes No

Please circle which part(s) of Drake's Mission your event best describes:

Drake's mission is to provide an **exceptional learning environment** that prepares students for **meaningful personal lives, professional accomplishments, and responsible global citizenship.**

The Drake experience is distinguished by **collaborative learning** among students, faculty, and staff and by the **integration of the liberal arts and sciences with professional preparation.**