NAME OF EVENT: ________________________________________________________________

LOCATION: ________________________________________________________________

DATE(S): ________________________________________________________________

EVENT SPONSOR'S CONTACT INFORMATION:

NAME: ________________________________________________________________

LOCAL SECTION / DIVISION SPONSORING EVENT: ________________________________________________________________

PHONE NUMBER(S): Business: __________________________ Fax: __________________________

ADDRESS: ________________________________________________________________

CITY: __________ STATE: ______ ZIP: __________

HOTEL, UNIVERSITY, OR ESTABLISHMENT REQUESTING A CERTIFICATE OF INSURANCE:
(Also known as the "Certificate Holder" on the Certificate of Insurance)

Certificate Holder

Name(s), Street
Address or POB

Information: ________________________________________________________________

CITY: __________ STATE: ______ ZIP: __________

CONTACT: ________________________________________________________________

PHONE NUMBER(S): Business __________________________ Fax __________________________

Did the "Requesting Party" ask to be a "Named Insured?" YES ______ NO _____

If "YES", specify the additional named insureds:

ADDITIONAL INFORMATION: Please attach a description (or brochure or flyer) of the event being held and any lease/contractual agreements related to this event. Questions? Contact Peggy Jones at (202) 452-2125.

Submit this form by fax to (202) 872-6325 or mail to:

American Chemical Society
Office of the Treasurer
Attn: Peggy Jones, Room 341
1155 16th Street, NW
Washington, D.C. 20036