



**NCPA's
Political Advocacy Challenge
Event Form**

1. Name of School/College of Pharmacy:

2. NCPA Advisor Name, Submitting Chapter Officer Name & Email Address:

3. Event Title: _____

4. Date/Time/Location:

5. # of Students Involved _____ # of NCPA Members Involved _____

6. Please circle all which apply (only select Major Event once):

Major Event / Day to Day Contact / Education / Creativity & Innovation

7. If this is the Major Event, please use attachments to provide pictures from the event and a thorough description of the event as defined on the Political Advocacy Challenge Information Sheet as needed.

8. Description of Event (Legislators Contacted or Involved, if applicable):

9: Creativity & Innovation:

10. Event Outcome: