



**Hospital Engineers  
of Southwestern Pennsylvania**

*DEDICATED TO QUALITY PATIENT CARE  
THROUGH ENGINEERING EXCELLENCE*

Affiliated with: American Society for Healthcare Engineering



## **HESP MEETING SPONSOR / SPEAKER / TOPIC FORM**

**Date of Meeting:** \_\_\_\_\_

**Meeting Sponsored By:** \_\_\_\_\_

**Speaker(s):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Topic(s):** \_\_\_\_\_  
\_\_\_\_\_

Please fill out this form and fax to Daniel Procupp at: 724-229-2659 or E-Mail to: [procuppdj@upmc.edu](mailto:procuppdj@upmc.edu)

**The exact “bill to” person, address and phone number for any additional charges must be provided.**

**Bill to:**      **Name:** \_\_\_\_\_  
                    **Address:** \_\_\_\_\_  
                    **Phone:** \_\_\_\_\_

**This form is due by (45 day date) forty-five 45 days before the scheduled meeting date.**

**NOTE: It is imperative that this form be returned to me by this date in order to have your sponsoring information appear in the newsletter and on the HESP web site.**