



District Event Promotion Form

Submission Guidelines

1. This form is for FPTA Districts requiring assistance with promoting district events, including meetings, super meetings, educational courses, charity events and others.
2. FPTA staff will promote the district event as requested, including marketing recommendations, email, postcards, web posting, social media and etc.
3. The cost of supplies, such as postcard printing and stamps, will be billed to the district.
4. **Deadline:** For marketing purposes, please submit the completed form at least eight (8) weeks before the event. CE hours will only be listed if approved either through the provider or the FPTA.
5. **Save the Date:** Basic information can be submitted at any time and it will be updated to the website, Facebook, Weekly Update, Capitol Update and the quarterly District Update.

For further information, contact Tracy Daunt at tdaunt@fpta.org or at 850.222.1243.

Basic Information

District Name: _____

Contact Name & Email: _____

Name of Event: _____

Date & time of event: _____

Marketing Information

Location

Name of Venue _____

Street Address _____ City _____ Zip _____

Web link (if applicable): _____

Registration

Do you want FPTA to manage the registration of members?

Yes ☐ No ☐

Do you want FPTA to collect the registration fees?

Yes ☐ No ☐

Communication

This will be automatically posted to the FPTA Calendar, emailed, put on Facebook and Tweeted. Please indicate any additional channels:

	Item	Budget
<input type="checkbox"/>	Postcards	
<input type="checkbox"/>	Facebook Advertising	
<input type="checkbox"/>	Other (specify)	

Funding

Indicate if you want the funds for creating additional forms of marketing taken from:

☐ FPTA District Annual Allocation

☐ District Checking Account

Continuing Education (if offered)

Method of obtaining CE Approval:

☐ **PT or PTA Program Name** (note: the district will coordinate with the program to provide certificates of attendance and CE Broker administration) _____

☐ **FPTA** (note: FPTA staff will provide the district with certificates of attendance and will update CE Broker with hours of attendance upon receipt of attendance log)

☐ **Other approved provider (provide name):** _____

Cost

Online Registration ¹	
Members:	Member Students:
Non-members:	Non-member Students:
Onsite Registration	
Members:	Member Students:
Non-members:	Non-member Students:

¹ Please indicate if you want a limit on the number of members and students who can register.

Session Information (for marketing purposes only)

Include name of session(s)s, presenter, time frame, CE's for each course (if applicable) and brief summary:

Session Title	Presenter(s)	Time (from-to)	# of CE's
Summary			

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Additional Instructions/Special Needs: