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|  | *Insert*  *Host Member Asociation*  *Logo here* |

27th FAPA Congress

HOST MEMBER ASSOCIATION

REPORT

Theme

Dates

Venue

Prepared by:

**TABLE OF CONTENTS**

1. **EXECUTIVE SUMMARY**

Please include:

Total number of participants

Theme

Major Events and Activities conducted

Over-all description of the event

1. **LIST OF PARTICIPANTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **COUNTRY (Total no of participants)** | | | |
| **No** | **Name** | **E-mail** | **Category (Student/ Pharmacist/ Accompanying Person)** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| **COUNTRY (Total no of participants)** | | | |
| **No** | **Name** | **E-mail** | **Category (Student/ Pharmacist/ Accompanying Person)** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

1. **Final Programme**
2. **ACTIVITY ANALYSIS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Room** |  | **Event/ Meeting** |  | |
| **Schedule** |  | **Topic** |  | |
| **Duration** |  | **Chair** |  | |
| **Seats** |  | **Co-Chair** |  | |
| **Total No.**  **Of Participants** |  | **Speakers**  (Name and Country) |  | |
| **Comments/ Recommendations** | |  | | |
| **PARTICIPANTS PER COUNTRY** | | | | |
| **Country** | | **Name of Pharmacists** | | **Name of Students** |
| **Thailand**  No. of Pharmacists \_\_\_  No. of Students \_\_\_\_ | | 1. Name 2. Name 3. Name | | 1. Name 2. Name 3. Name |
| **Thailand**  No. of Pharmacists \_\_\_  No. of Students \_\_\_\_ | | 1. Name 2. Name | | 1. Name 2. Name |
| **Thailand**  No. of Pharmacists \_\_\_  No. of Students \_\_\_\_ | | 1. Name 2. Name 3. Name | | 1. Name 2. Name 3. Name |
| **Thailand**  No. of Pharmacists \_\_\_  No. of Students \_\_\_\_ | | 1. Name 2. Name | | 1. Name 2. Name |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Room** |  | **Event/ Meeting** |  | |
| **Schedule** |  | **Topic** |  | |
| **Duration** |  | **Chair** |  | |
| **Seats** |  | **Co-Chair** |  | |
| **Total No.**  **Of Participants** |  | **Speakers**  (Name and Country) |  | |
| **Comments/ Recommendations** | |  | | |
| **PARTICIPANTS PER COUNTRY** | | | | |
| **Country** | | **Name of Pharmacists** | | **Name of Students** |
| **Thailand**  No. of Pharmacists \_\_\_  No. of Students \_\_\_\_ | | 1. Name 2. Name 3. Name | | 1. Name 2. Name 3. Name |
| **Thailand**  No. of Pharmacists \_\_\_  No. of Students \_\_\_\_ | | 1. Name 2. Name | | 1. Name 2. Name |
| **Thailand**  No. of Pharmacists \_\_\_  No. of Students \_\_\_\_ | | 1. Name 2. Name 3. Name | | 1. Name 2. Name 3. Name |
| **Thailand**  No. of Pharmacists \_\_\_  No. of Students \_\_\_\_ | | 1. Name 2. Name | | 1. Name 2. Name |

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| --- | --- | --- | --- | --- |
| **Room** |  | **Event/ Meeting** |  | |
| **Schedule** |  | **Topic** |  | |
| **Duration** |  | **Chair** |  | |
| **Seats** |  | **Co-Chair** |  | |
| **Total No.**  **Of Participants** |  | **Speakers**  (Name and Country) |  | |
| **Comments/ Recommendations** | |  | | |
| **PARTICIPANTS PER COUNTRY** | | | | |
| **Country** | | **Name of Pharmacists** | | **Name of Students** |
| **Thailand**  No. of Pharmacists \_\_\_  No. of Students \_\_\_\_ | | 1. Name 2. Name 3. Name | | 1. Name 2. Name 3. Name |
| **Thailand**  No. of Pharmacists \_\_\_  No. of Students \_\_\_\_ | | 1. Name 2. Name | | 1. Name 2. Name |
| **Thailand**  No. of Pharmacists \_\_\_  No. of Students \_\_\_\_ | | 1. Name 2. Name 3. Name | | 1. Name 2. Name 3. Name |
| **Thailand**  No. of Pharmacists \_\_\_  No. of Students \_\_\_\_ | | 1. Name 2. Name | | 1. Name 2. Name |

1. **HIGHLIGHTS**

|  |  |
| --- | --- |
| **Photo** | **Description** |
| ***(Insert photos here)*** | **Event**  **Date**  **Caption**  **Photo Credits** |
| ***(Insert photos here)*** | **Event**  **Date**  **Caption**  **Photo Credits** |
| ***(Insert photos here)*** | **Event**  **Date**  **Caption**  **Photo Credits** |
| ***(Insert photos here)*** | **Event**  **Date**  **Caption**  **Photo Credits** |
| ***(Insert photos here)*** | **Event**  **Date**  **Caption**  **Photo Credits** |
| ***(Insert photos here)*** | **Event**  **Date**  **Caption**  **Photo Credits** |
| ***(Insert photos here)*** | **Event**  **Date**  **Caption**  **Photo Credits** |
| ***(Insert photos here)*** | **Event**  **Date**  **Caption**  **Photo Credits** |
| ***(Insert photos here)*** | **Event**  **Date**  **Caption**  **Photo Credits** |

1. **FINANCIAL REPORT**

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| **REGISTRATION FEES** | | | |
| **Category** | **No** | **Fee** | **Total** |
| **LOCAL REGISTRANTS** | | | |
| **Early Bird Registration** |  | **-** |  |
| Pharmacists |  |  |  |
| Students |  |  |  |
| Accompanying Persons |  |  |  |
| **Regular Registration** |  | **-** |  |
| Pharmacists |  |  |  |
| Students |  |  |  |
| Accompanying Persons |  |  |  |
| **TOTAL** |  | - |  |
| **FOREIGN REGISTRANTS** | | | |
| **Early Bird Registration** |  | **-** |  |
| Pharmacists |  |  |  |
| Students |  |  |  |
| Accompanying Persons |  |  |  |
| **Regular Registration** |  | **-** |  |
| Pharmacists |  |  |  |
| Students |  |  |  |
| Accompanying Persons |  |  |  |
| **TOTAL** |  | - |  |
| **GRAND TOTAL** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SPONSORSHIPS/ DONATIONS/ FUNDING** | | | |
| **SPONSOR/DONOR’S NAME** | **Email** | | **Amount** |
| **LOCAL SPONSORS** | | | |
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|  |  | |  |
| **TOTAL** | | |  |
| **INTERNATIONAL SPONSORS** | | | |
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| **TOTAL** | | |  |
| **GRAND TOTAL** |  |  |  |
| **EXPENSES SUMMARY** | | | |
| **Event/ Purpose** | **Category/ Items** | | **Amount** |
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| **GRAND TOTAL** |  |  |  |

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| --- | --- | --- | --- |
| **REMITTANCE COMPUTATION** | | | |
| **Category** | **No** | **Remittance** | **Total** |
| **LOCAL REGISTRANTS** | | | |
| **Early Bird Registration** |  | **-** |  |
| Pharmacists |  | 20 USD |  |
| Students |  | - |  |
| Accompanying Persons |  | - |  |
| **Regular Registration** |  | **-** |  |
| Pharmacists |  | 20 USD |  |
| Students |  | - |  |
| Accompanying Persons |  | - |  |
| **TOTAL LOCAL REMITTANCE** |  | - |  |
| **FOREIGN REGISTRANTS** | | | |
| **Early Bird Registration** |  | **-** |  |
| Pharmacists |  | 20 USD |  |
| Students |  | - |  |
| Accompanying Persons |  | - |  |
| **Regular Registration** |  | **-** |  |
| Pharmacists |  | 20 USD |  |
| Students |  | - |  |
| Accompanying Persons |  | - |  |
| **TOTAL FOREIGN REMITTANCE** |  | - |  |
| **ADDITIONAL REMITTANCE (20% of Net Income)** |  |  |  |
| **TOTAL AMOUNT REMITTED TO FAPA** | | |  |

**APPENDICES**

***Note to our Host Member Association:***

***This is the minimum required report from our host member association.***

***Please add other notes/ Appendices as deemed necessary in this report.***

***Thank you very much for preparing it and submitting it as promptly as possible (within 2 months after congress).***

***-FAPA Secretariat***