



THE AMERICAN SCIENTIFIC GLASSBLOWERS SOCIETY

P.O. Box 778 □ Madison, NC 27025 □ (336) 427-2406 □ Fax (336) 427-2496

General Liability Insurance Coverage Request Form

*****For ASGS Section Use Only*****

Section Name _____

Event Description _____

Date(s) _____

Location (Company/Hotel) _____

Physical Address: _____

Street _____

City, State, Zip _____

Contact Name _____

Phone Number _____

Fax Number _____

Submitted by (print) _____

Signature _____

Date _____

**Please forward completed form to the ASGS National Office
at least 60 days prior to the date of your ASGS Section Meeting/Event**

Phone: 336-427-2406 Fax: 336-427-2496 E-mail: natl-office@asgs-glass.org

If you have any questions, please contact the ASGS National Office