# The Health Services Professional Advisory Committee

**Name of Subcommittee or PAG**

If this is a PAG event, swap out with your PAG logo, and delete this box.

**Presents:**



**Title of Event or Webinar**

Description of Event or Webinar

Presenter(s):

Day of week, Month, Day, Year

**Start and End Time including Time Zone**

**Call-in Number**:

**Participant passcode:**

**Meeting Link:**

Points of Contact(s):

Rank, Name, Email Address