

# Patient Support Group Meeting Requests

Thank you for your interest in an educational meeting for your Patient Support Group. UTC provides speakers that cover topics that increase understanding of pulmonary arterial hypertension.

All submissions are reviewed internally by UTC Patient Advocacy and must include:

- Support Group Name
- Support Group Contact Information
- Event date, time and location
- Program or activity and the type of support being requested (speaker program and meal, or speaker program only)

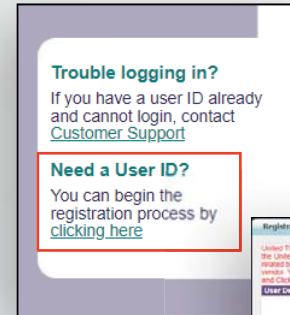
For Educational Speakers for Patient Support Group Meetings contact:

 [PatientAdvocacy@unither.com](mailto:PatientAdvocacy@unither.com)

## Process Overview

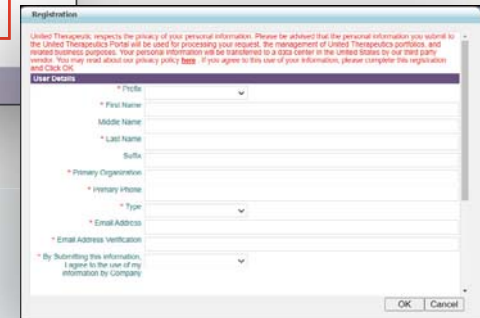
1 Please go to [www.UTCRequests.com](http://www.UTCRequests.com) at least 30 days prior to the event date to submit a request.

- If you already have an account, login with your username and password. Otherwise, click **“Need User ID”** on left-hand side of the homepage to create an account and complete required information.
- If you have any trouble with the website or your submission details, please email [PatientAdvocacy@unither.com](mailto:PatientAdvocacy@unither.com) for help.
- You may submit requests for 2 programs per calendar year.



**Trouble logging in?**  
If you have a user ID already and cannot login, contact [Customer Support](#)

**Need a User ID?**  
You can begin the registration process by [clicking here](#)



Registration

United Therapeutics respects the privacy of your personal information. Please be advised that the personal information you submit to the United Therapeutics Portal will be used for processing your request, the management of United Therapeutics portfolio, and related business purposes. Your personal information will be transferred to a data center in the United States by our third party vendor. You may read about our privacy policy [here](#). If you agree to this use of your information, please complete this registration and Click OK.

User details

\* First Name

Middle Name

\* Last Name

Suffix

\* Primary Organization

\* Primary phone

\* Type

\* Email Address

\* Email Address Verification

\* By Submitting this information, I agree to the use of my information by Company

OK Cancel

2 The request will be carefully reviewed by UTC for consistency with our educational mission.

3 Notification will be sent to the contact provided in the original request either asking for more information or providing approval of the event.

4 Coordination of topic, speaker and meal will be managed by UT Corporate, the local UT Field Representative, and our meeting vendor.