



CHAPTER SEMINAR PROPOSAL

Seminar Name: _____

Submittal Date: _____

Seminar Description:

Learning Objectives:

Seminar Duration: 30 Minute Lunch 1 Hour 2 Hours 4 Hours 8 Hours

Organization/Company Information

Organization/Company Name: _____

Contact Person: _____ Phone: _____

Address: _____

E-Mail Address: _____ Website Address: _____

Instructor Information

Instructor Name: _____ Phone: _____

E-Mail Address: _____ Instructor Fees: _____

Instructor Qualifications/References:

Note: An electronic copy of the proposed seminar presentation may be required to be submitted for review.

Education Chair Signature: _____

Approval Date: _____