



# SNC-ICC 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: \_\_\_\_\_