CONTINUING EDUCATION PROGRAM APPLICATION

1. Name of sponsoring group: ________________________________________________

2. Program topic: _____________________________________________________________________

3. Rational for program and intended audience (purpose and objectives of program, why needed, who will benefit from program)

4. Program format (speaker(s), panel discussion, demonstration, small group discussion, simulations, etc.)

5. Resource persons (include names of planners, speakers, other resource persons)

6. Proposed date(s) of program: ________________________________________________

7. Proposed location of program: ________________________________________________

8. Budget (all programs must be self-supporting)
a. Costs: Speaker’s fees - __________ Office supplies - __________
   Meals & Breaks - __________ Postage - __________
   Rental for Meeting Room and Incidentals - __________
   AV equipment - _______ TOTAL - __________

b. Income (figure according to minimum number of participants expected for program)

9. Physical facility requirements (size of meeting room, AV equipment needed, food service, arrangement of furniture, etc.)

10. Method for evaluating program (include evaluation form to be used)

11. State ways in which the Headquarters Staff may be of assistance

Submitted by: __________________________________________

Date: __________________________________________

This form must be received by the Headquarters Staff at least six months prior to the intended program date.