

Please fill out this form and submit it to edu@aiche.org.

Contact Information	
Today's Date:	
Name of Individual Submitting Proposal	
Title:	Company:
Address:	
City:	State: Zip:
Email:	Phone Number:
Proposal	
	rogram's content. Please make sure to include if this proposal ace to face course (1 to 4 days) or an eLearning course (8, 10, an outline:
Please categorize the content level.	4
Please suggest a title:	1
Who is the target audience? Briefly describe and also	so list "Who Should Attend."
What will the audience learn? What will they be able	le to do after the program that they couldn't do before?

## **Recommended Speakers**

Please indicate the proposed Speaker(s) for this program. Please attach a biography or resume for each and list prior speaking and teaching experience.

## Speaker #1

Name:			
Title:	Company:		
Address:			
City:	State:	Zip:	
Email:	Phone Number:		
AIChE Member?YesNo			
Prior experience:			
Speaker #2			
Name:			
Title:	Company:		
Address:			
City:	State:	Zip:	
Email:	Phone Number:		
AIChE Member?YesNo			
Prior experience:			
Speaker #3			
Name:			
Title:	Company:		
Address:			
City:			
Email:	Phone Number:		
AIChE Member? YesNo			
Prior experience:			
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