

# Content Proposal Form

Please fill out this form and submit it to [edu@aiche.org](mailto:edu@aiche.org).

## Contact Information

Today's Date:

Name of Individual Submitting Proposal

Title:  Company:

Address:

City:  State:  Zip:

Email:  Phone Number:

## Proposal

In a few sentences, please describe the proposed program's content. Please make sure to include if this proposal is for a short video (5 to 15 minutes), a webinar (one to three hours in duration), a face to face course (1 to 4 days) or an eLearning course (8, 10, or 12 hours). In the case of a course, please include an outline:

Please categorize the content level.

Fundamental     Intermediate     Advanced

Please suggest a title:

Who is the target audience? Briefly describe and also list "Who Should Attend."

What will the audience learn? What will they be able 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?  Yes  No

Prior experience: \_\_\_\_\_

\_\_\_\_\_

### Speaker #2

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

AIChE Member?  Yes  No

Prior experience: \_\_\_\_\_

\_\_\_\_\_

### Speaker #3

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

AIChE Member?  Yes  No

Prior experience: \_\_\_\_\_

\_\_\_\_\_