MEETING PROPOSAL FORM – CONTINUING EDUCATION

Please e-mail this form to Lisa Johnson, Manager of Continuing Education, Ijohnson@scisoc.org

*Required Fields			
*Society/Association name			
		*Organization	
		*Email	*Phone
Type of Event (short course, workshop, small meeting	g)		
*Proposed meeting title			
*Brief description of the meeting and program conten	t (attach additional page if necessary)		
Who is the meeting audience?			
*Is there a program chair/team in place for this meeting	ng? Yes No If yes, please list names, roles, and affiliations		
List any members, committees, officers, or staff members that are familiar with this meeting request			
*Proposed dates (include month(s) and year)			
Proposed location(s)			
*Anticipated attendance			
Length of meeting One day One and one ha	lf day ☐ Two day ☐ Three day ☐ Other/Don't Know		
Anticipated food/beverage functions			
Origin of Attendees (with percentages) U.S.A	% International%		
*Has this meeting been held before?	No If yes, list dates, location, attendance		
*Do you anticipate any sponsorship/grant money for to potential sponsors and contacts	the meeting? Yes No If yes, anticipated amount and names of		
Anticipated registration fees (list amounts)			
Type of assistance needed from staff in preparing for Check all that apply	this meeting.		
City selection	Abstract submissions website		
Hotel selection and contract negotiations	Posters		
Website	Printed program		
Promotion	Onsite registration		
Pre – meeting planning	Onsite meeting planning		
Online registration	Evaluation survey		