



EDUCATIONAL EVENT REQUEST FORM

Please return to Dina Kartch at either dina@ilipra.org or 630-376-1919 (fax).

SPONSORING SECTION/AFFILIATE: AF CM EMS FM PARKS REC TR STUDENT

AFFILIATE/COMMITTEE:

WORKSHOP or WEBINAR: WORKSHOP OR ROUNDTABLE OR WEBINAR: 1 HOUR 1½ HOURS

TITLE:

SPEAKER/TITLE/ORGANIZATION/CREDENTIALS (REQUIRED FOR EACH SPEAKER):

SPEAKER/TITLE/ORGANIZATION/CREDENTIALS (REQUIRED FOR EACH SPEAKER):

PROPOSED DATE:
REGISTRATION CUTOFF DATE WILL BE ONE WEEK OUT

PROPOSED TIME:

LOCATION OF WORKSHOP:

CONTACT PERSON/PHONE/EMAIL:

DESCRIPTION (This will be used as a promotional tool so please be creative!):

LEARNING OUTCOMES (TWO REQUIRED):

Participants will:

Participants will:

DO YOU WANT AN EVENT FLYER? YES NO (TO ANNOUNCE THE EVENT ONLY; THIS WILL NOT BE A REGISTRATION FORM)

***IMPORTANT:** IPRA reserves the right to accept or reject any proposal at its own discretion. IPRA's CEU policy and the IACET Standards do not permit commercial or promotional material of any kind to be included in any educational opportunity. The opportunity for speakers to include their name and address in the handout material provides adequate information for attendees to contact them after the meeting to learn more about their products and services. Speakers are not permitted to mention or sell their products/services.

FOR OFFICE USE ONLY:
DATE RECEIVED: _____ DATE APPROVED: _____ DATE POSTED: _____ CEUs APPROVED: _____
REGISTRATION FEES (DERIVED FROM BUDGET TEMPLATE): IPRA Member = _____ Non-Member = _____