

PROPOSAL FORM FOR LECTURES, WORKSHOPS AND OUTINGS

To select an item, double-click on the box and enable 'checked'.

TERM: Fall Winter Spring Summer **YEAR:**

PRESENTER

Name: _____
Telephone number: _____
E-mail address: _____

CO-PRESENTER (if applicable)

Name: _____
Telephone number: _____
E-mail address: _____

OFFERING:

Lecture Workshop Outing

PREFERRED DATES AND TIMES

Day Friday Saturday (Outings only)
 Wednesday (summer only) Monday (Brainy Bar only)

Time 10:00 a.m. 13:00 p.m.

Date

First choice _____ Second choice: _____

TITLE (not more than 36 characters)

DESCRIPTION

Please limit to 350 characters (approx. 50 words). This will appear in the MCLL Calendar

COMMENTS FOR THE CURRICULUM COMMITTEE (not to be published)