1. Webinar Title

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| --- |
| Click or tap here to enter text. |

1. Webinar Description

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| Click or tap here to enter text. |

1. Webinar Objective

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| Click or tap here to enter text. |

1. Webinar Level

|  |  |
| --- | --- |
|  | Introductory |
|  |  |
|  | Intermediate |
|  |  |
|  | Advanced |
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1. Webinar Length

|  |  |
| --- | --- |
| Click or tap here to enter text. | Hours |
|  | If other than hour format, please specify in the text box below: |
|  | Click or tap here to enter text. |

1. Proposed dates and times

Month\*: Click or tap here to enter text.  
Day(s)\*\*: Click or tap here to enter text.  
Time\*\*\*: Click or tap here to enter text.

\*Month: should be at least two months away from the day you submit this proposal.  
\*\*Day(s): should not be scheduled on a week that contains a holiday or during SCHC Spring or Fall meeting days.  
\*\*\*Time: Webinars will be scheduled anytime between 11:00 am and 3:00 pm Eastern time.

1. Course Coordinator

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name and Credentials | | | Click or tap here to enter text. | | | | | | | | |
| Position/Title | | | Click or tap here to enter text. | | | | | | | | |
| Company | | | Click or tap here to enter text. | | | | | | | | |
| Address | | | Click or tap here to enter text. | | | | | | | | |
| City: | Click or tap here to enter text. | | | | State: | | Click or tap here to enter text. | | Zip: | | Click or tap here to enter text. |
| Country: | | Click or tap here to enter text. | | Phone: | | Click or tap here to enter text. | | Email: | | Click or tap here to enter text. | |
| Biography as it will appear in the brochure | | | Click or tap here to enter text. | | | | | | | | |

1. Course Instructor (If no one else is instructing this course, please write ‘Does not apply’ in the ‘Name and Credentials’ space y the following tables).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name and Credentials | | | Click or tap here to enter text. | | | | | | | | |
| Position/Title | | | Click or tap here to enter text. | | | | | | | | |
| Company | | | Click or tap here to enter text. | | | | | | | | |
| Address | | | Click or tap here to enter text. | | | | | | | | |
| City: | Click or tap here to enter text. | | | | State: | | Click or tap here to enter text. | | Zip: | | Click or tap here to enter text. |
| Country: | | Click or tap here to enter text. | | Phone: | | Click or tap here to enter text. | | Email: | | Click or tap here to enter text. | |
| Biography as it will appear in the brochure | | | Click or tap here to enter text. | | | | | | | | |

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| Name and Credentials | | | Click or tap here to enter text. | | | | | | | | |
| Position/Title | | | Click or tap here to enter text. | | | | | | | | |
| Company | | | Click or tap here to enter text. | | | | | | | | |
| Address | | | Click or tap here to enter text. | | | | | | | | |
| City: | Click or tap here to enter text. | | | | State: | | Click or tap here to enter text. | | Zip: | | Click or tap here to enter text. |
| Country: | | Click or tap here to enter text. | | Phone: | | Click or tap here to enter text. | | Email: | | Click or tap here to enter text. | |
| Biography as it will appear in the brochure | | | Click or tap here to enter text. | | | | | | | | |

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| Name and Credentials | | | Click or tap here to enter text. | | | | | | | | |
| Position/Title | | | Click or tap here to enter text. | | | | | | | | |
| Company | | | Click or tap here to enter text. | | | | | | | | |
| Address | | | Click or tap here to enter text. | | | | | | | | |
| City: | Click or tap here to enter text. | | | | State: | | Click or tap here to enter text. | | Zip: | | Click or tap here to enter text. |
| Country: | | Click or tap here to enter text. | | Phone: | | Click or tap here to enter text. | | Email: | | Click or tap here to enter text. | |
| Biography as it will appear in the brochure | | | Click or tap here to enter text. | | | | | | | | |

1. Agenda

Please submit a detailed preliminary agenda to your course. See an example below:

* *Introduction*
* *Classification Variances* 
  + *US*
  + *Canada*
  + *Europe*
* *Safety Data Sheet Variances* 
  + *US*
  + *Canada*
  + *Europe*
* *Q&A*

1. Photograph: Attach to your reply email a photograph per instructor. The photograph will be used in the brochure.
2. Is this course currently being offered or will be offered on another platform?

|  |  |  |
| --- | --- | --- |
|  | Yes |  |
|  | Platform website | Click or tap here to enter text. |
|  | Dates that will be offered | Click or tap here to enter text. |
|  |  |  |
|  | No |  |

YOUR PROPOSAL WILL NOT BE ACCEPTED IF ANY OF THE ABOVE POINTS IS MISSING.