

2017 SEEEC Presenter Application



Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____
 Organization/ _____
 Company/ _____
 University _____

Title: _____

Bio (under 100 words):

Course Information

Course Title:	
Course Description (under 100 words):	

Course Information

<i>Please only fill out gray boxes if you are providing a certification course.</i>			
	Fee for Course:		
Minimum Participants to run		Maximum Participants to run	
Deadline Date:		Do you take walk-ins:	
Hours Course takes:		Any certification given:	
Space Needs:		AV Needs:	