



Proposal Form

ILR CLASS or WORKSHOP

Topic of Class: _____

Name of Facilitator/Instructor: _____

ADDRESS _____

PHONE (____) _____ E-MAIL _____

BIRTHDATE _____
MONTH DAY YEAR

IF AN EMERGENCY INVOLVING YOU OCCURS DURING THIS CLASS, WHOM SHOULD WE CONTACT (PREFERABLY A RELATIVE)?

Name: _____

ADDRESS _____

PHONE (____) _____

Attach or **e-mail** a **Brief Biography** (50 words or less). Your Bio will appear in the ILR class catalog. (Warning: due to space limitations, Bio's may have to be edited for length.) info@ilretirement.org

Attach or **e-mail** a **Description** of the Class (50 to 100 words). Please include information about what participants will learn in the class. A class description will appear in the ILR class catalog. (Warning: due to space limitations, descriptions may have to be edited for length.) info@ilretirement.org

ILR staff will use the information **you** supply on this form to:

- determine what (if any) **fee** should be charged for your class,
- **schedule** it and assign it to an appropriate **classroom** and
- determine maximum **class size**

In order to make these decisions, the staff **must** have **complete** information about your class. Please fill out **EVERY** question below (even if you just put 'n.a.!')

Class Meetings: how many? _____ Length of each meeting (how many hours?) _____

Class Size _____ Minimum

_____ Maximum (the biggest room takes **30** people. If you prefer a **smaller** class size, please tell us the maximum number of people you want in the class)

Scheduling all our offerings is a challenge. So please give us as much flexibility as you can with regard to day of the week, start times & start/end dates.

Earliest possible Start Date for class: _____ Latest possible End Date for class: _____

Acceptable day(s) of the week (circle all that apply) Mon Tue Wed Thurs Fri (Fridays often are used for trips)

Acceptable start time(s) (check all that apply) _____ morning _____ afternoon _____ other (when? _____)

Impossible dates: _____

What type of instructional space is needed? ___ tables & chairs ___ chalkboard ___ overhead projector
___ slide projector ___ computer/projector (e.g., for Powerpoint)
___ DVD player ___ P.A. & microphone
___ Other (what? _____)

How do you want to be listed in the ILR catalog? class “**Facilitator**” ___ or class “**Instructor**” ___

What **handouts**, materials, **supplies**, food, etc. will **you** provide and what is the approximate **cost** for each person? (e.g. “10-15 pages of handouts for each person plus a ‘starter kit’ costing about \$5 each”)



What supplies or materials will each participant need to bring? (Each one will be sent a copy of this list when they register.)

Approx. cost of these items _____ Where the items can be obtained _____

We welcome proposals at any time.

Please complete this form as fully as you can and send it to:

PLEASE TAPE OR STAPLE CLOSED

PLEASE
PLACE
STAMP
HERE

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