



Professional Development Committee
Activity Proposal Form

Speaker/Presentation/Activity Name (tentative or actual):

Coordinators:

Phone Number:

Email:

Topic:

Costs: (Please note: If actual expenses exceed the original costs as entered on application, the District will not reimburse the excess amount)

Proposed Fee of Speaker/Presentation/Activity:

Other costs (i.e. travel, lodging, rental fees, advertising)

Day/Time of Event (tentative or actual):

Identified Funding Source:

Need to Identify Funding Source:

(Attach additional sheets if necessary)

Summary of Presentation/Activity (Include information about the speaker. Attach promotional material and website, if any. Describe format and content of event):

Objectives, Purpose of Presentation/Activity: (Explain the outcome/benefits to the audience)

Which Institutional Plan(s) does activity address? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Professional Development Plan | <input type="checkbox"/> Student Success Plan |
| <input type="checkbox"/> Educational Master Plan | <input type="checkbox"/> Human Resources Plan |
| <input type="checkbox"/> Strategic Action Plan | <input type="checkbox"/> Equal Employment Opportunity Plan |
| <input type="checkbox"/> Basic Skills Action Plan | <input type="checkbox"/> Other |
| <input type="checkbox"/> Student Equity Plan | |

If "Other" Please indicate which plan(s).



How will you advertise the event and promote attendance of faculty and students?

Consultant Contract Needed? Yes No

Area/Person Responsible for consultant contract:

Board Memo Needed? Yes No

Area/Person Responsible for preparing and presenting board memo:

Audio/Visual/Computer Needs? Yes No

Area/Person Responsible for Audio/Visual/Computer Needs:

Materials Preparation? Yes No

Area/Person Responsible for arrangement and confirmation of materials preparation:

Food or Beverage at the Event? Yes No

Area/Person Responsible for arrangement and confirmation of refreshments:

Room Setup:

Area/Person Responsible for arrangement and confirmation of Room Setup assistance:

Applicant Signature

Date

Reviewed at the Professional Development Committee meeting on: _____

Co-Chair Signature

Date

Co-Chair Signature

Date

Co-Chair Signature

Date