



## CLE Seminar Proposal Form Faculty/Chair Interest Form

(This interactive form can be filled out in Adobe Reader or you can print the form and fill it out by hand.)

Thank you for your interest in serving as a faculty and/or chairing an SBA CLE seminar. Your thoughts regarding the questions below will assist us in determining where your suggested program may fit in our schedule or the appropriate seminar for which you may serve as a faculty. If you have questions or wish to discuss your proposal, please contact Jennifer Sonier, Professional Development Director, 602-340-7346 or email [Jennifer.Sonier@staff.azbar.org](mailto:Jennifer.Sonier@staff.azbar.org).

Your Name \_\_\_\_\_

Firm/Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Primary Area of Practice \_\_\_\_\_

Years in Practice \_\_\_\_\_ Jurisdiction \_\_\_\_\_

Prior experience as an SBA CLE faculty or seminar chair (name/date of program):

Brief description of topic and format:

Suggested Agenda (please attach separate page if needed):

Suggested total number of seminar hours: \_\_\_\_\_ Number of ethics hours: \_\_\_\_\_

Target Audience:

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Suggested seminar date: \_\_\_\_\_

Suggested seminar chair or co-chairs:

Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Faculty Speaker(s):

Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Firm \_\_\_\_\_

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Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

How is this panel diverse as to ethnicity, gender, geography, firm size, and area of practice? Please list specifics.

Are you willing to adjust your planned format to accommodate videotaping or webcasting?

- Yes       No