

# AADMM Regional Education Application

**Sponsor Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sponsor Email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Course Name:** \_\_\_\_\_

**Course Date:** \_\_\_\_\_ **Course Start Time:** \_\_\_\_\_ **Course End Time:** \_\_\_\_\_

**Course Location:** \_\_\_\_\_

**Presenter Name:** \_\_\_\_\_

**Presenter email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Provide a brief (3-4 sentences) bio including qualifications/experience on the course topic:**

**Provide a brief (1 paragraph) description about the course topic:**

**Please list in a few bullet points what participants will learn from the course:**

**Will handouts be provided for the presentation: \_\_\_\_ Yes \_\_\_\_ No (If yes, please attach.)**

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**For Office Use:** Date Submitted: \_\_\_\_\_ Date Replied: \_\_\_\_\_ Approved: \_\_\_\_ Denied: \_\_\_\_  
4/26/16 kmp