

# ASRI Call for Proposals

\* Required

1. **Email address \***

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2. **Name of Session Chair \***

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3. **Session Chair Affiliation(s) \***

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4. **Session Chair Phone \***

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5. **Proposed Session Title \***

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## Describe your Proposed Session

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Description of the session topic; How it is cutting-edge and why it would be of interest to ASRI members and meeting attendees

6. **Session Description \***

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## Educational Objectives

Define a minimum of 3 learning objectives for this session. Learning objectives should complete the phrase: "At the conclusion of this activity, participants will be able to..."

If you need help, please visit [www.tinyurl.com/CMEobjectives](http://www.tinyurl.com/CMEobjectives).

7. **Objective #1 \***

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8. **Objective #2 \***

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9. **Objective #3 \***

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## Proposed Speakers & Chairs

Please list the proposed speakers and chair for this session. Include the name, affiliation and email address for each speaker.

10. **Proposed Session Co-Chair \***

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11. **Session Co-Chair Affiliation(s) \***

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12. **Session Co-Chair Email \***

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13. **Proposed Speaker #1 \***

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14. **Proposed Speaker #2 \***

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15. **Proposed Speaker #3 \***

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16. **Alternate Speaker #1**

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17. **Alternate Speaker #2 \***

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18. **Please indicate ASRI Membership Status: \***

*Mark only one oval per row.*

|                     | ASRI Member           | Non-Member            | Unknown/Unsure        |
|---------------------|-----------------------|-----------------------|-----------------------|
| Chair               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Co-Chair            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Speaker 1           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Speaker 2           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Speaker 3           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Alternate Speaker 1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Alternate Speaker 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

A copy of your responses will be emailed to the address you provided

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