



CSSE COURSE PLANNING FORM

Submit completed form to info@csse.org

CONTACT PERSON:

Name: _____

Phone: _____ Email: _____

Chapter _____

COURSE INFORMATION:

Course Title: _____

City: _____ Dates: _____

Venue Suggestions: CSSE will book the venue, unless this is a Chapter partnership. If you have suggestions for free, or low-cost locations and for caterers who will service that location on the dates you've chosen, please let us know below.

PARTICIPANT INFORMATION:

Please provide details for 13-15 participants who have agreed to register for the above course on the selected date. *Please ensure you have their permission to provide CSSE with these contact details.*

Name	Phone Number	Email Address