



ASME
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2016 Turbo Expo Conference
Pre-Conference Workshop Proposal Form
Return by Wednesday, October 28, 2015
Pre-Conference Workshops Will be Held on Saturday and Sunday, June 11-12, 2016

Proposed Workshop Title: _____

MAIN CONTACT INFORMATION

Name: _____ Title: _____

Email: _____ Telephone: _____

Name of Employer: _____

Mailing Address: _____

City: _____ State: _____ Province: _____

Postal Code: _____ Country: _____

INSTRUCTOR CONTACT INFORMATION

(Please list additional instructors on the last page.)

Instructor Name: _____ Title: _____

Email: _____ Telephone: _____

Name of Employer: _____

Mailing Address: _____

City: _____ State: _____ Province: _____

Postal Code: _____ Country: _____

PROPOSED COURSE INFORMATION

1. Have you conducted this or similar programs for professional, public or private groups?

- | | | |
|-------------------------------------|------------|-------------|
| <input type="checkbox"/> Locally | For: _____ | Date: _____ |
| <input type="checkbox"/> Regionally | For: _____ | Date: _____ |
| <input type="checkbox"/> Nationally | For: _____ | Date: _____ |

2. Course Target Audience (Education level, job description):

3. Course Description for website and enrollment promotion: _____

4. Course Format (Expected audio visual aids, room set-up, etc.). Classroom seating for up to 20 workshop attendees, LCD projector, screen, laptop, laser pointer, and podium microphone. Additional items may be ordered or purchased at the workshop instructor/company expense. _____

5. Course Length. Workshops will be held on Saturday and Sunday, June 11-12, 2016. Please select one option from below.

☐ Half Day – 8:00 a.m. – 12:00 p.m. ☐ Full Day – 8:00 a.m. – 5:00 p.m.

6. List items that workshop attendees should bring to the course:

Additional Instructor(s) Information

Instructor Name: _____ Title: _____

Email: _____ Telephone: _____

Name of Employer: _____

Mailing Address: _____

City: _____ State: _____ Province: _____

Postal Code: _____ Country: _____

Instructor Bio

Authorization

I understand that by signing this agreement, I am submitting a workshop proposal to, upon acceptance, take place on Saturday or Sunday, June 11 or 12, 2016. I acknowledge that I have cleared the necessary permissions to conduct this workshop. I also acknowledge that all of my travel expenses and expenses not covered in item number 4 will be covered by myself or my company. ASME reserves the right to cancel workshops due to insufficient enrollment.

AUTHORIZED SIGNATURE: _____

Printed Name: _____

Title: _____

Date: _____