

HBA of Raleigh-Wake County Program Presentation Request

Program Title:	<i>Course Name</i>
Submitted by:	<i>Name of Submitter</i>
HBA Member:	<i>Yes/ No</i>
Program Length:	<i>Full day, ½ day, Food for Thought (1-2 hrs @ lunch)</i>
Requested Date/ Time:	
Target Audience:	<i>Builder, Remodeler, Associate, Sales & Marketing</i>
Description:	<i>Describe the course</i>
Relevance to Attendees:	<i>Explain why this is important</i>
Learning Outcomes:	<i>Objectives</i>
Session Type:	<i>Panel discussion, single instructor, etc.</i>

Email to rhamm@hbawake.com
Or fax to 919-233-2036

Speakers:
Speaker #1
Name:
Company:
Title:
Office Phone:
Cell Phone:
Email:
Background/ Bio:
Speaker #2
Name:
Company:
Title:
Office Phone:
Cell Phone:
Email:
Background/ Bio:
Speaker #3
Name:
Company:
Title:
Office Phone:
Cell Phone:
Email:
Background/ Bio:
Speaker(s) fee: \$
Notes:

Education Committee Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
If No, exp: