



INDIVIDUAL EDUCATION PROGRAM WORKSHEET

Proposed Topic: _____

Date: _____ Length/Credits: _____

Person(s) in Charge: _____

Key Deadlines: _____

Speaker/Moderator: _____ E-mail: _____

Address: _____

City/State/ZIP: _____

Telephone: (_____) _____ Fax: (_____) _____

Date of notification to CMAA: _____ Not Applicable Education (date): _____ Certification (date): _____

Brief Description: _____

Educational questions to be answered:

1. _____

2. _____

3. _____

Additional Resources:

1. Speaker/Panelists _____

2. Introductions/Attendance _____

3. Audio Visual/Room Set Up _____

4. Wines/Food/Glassware/Other _____

Proposed Location: _____

Key Location Contacts: _____

Limitations/Restrictions: _____

Coop/Publicity Plans: Members: _____

Allied Associations: _____

Non-Members/Students/Others: _____

Proposed Expenses: Speaker(s): _____ Travel & Expenses: _____

Room/A-V: _____ Other: _____

Food and Beverage: _____

Proposed Fee(s): Members: _____ Non-Members: _____