

RHODE ISLAND BAR ASSOCIATION

CLE PROGRAM PROPOSAL FORM

Program Proposed by _____

Contact person: _____

Address: _____

Telephone _____ Fax _____

1. Suggested program title: _____

2. Please attach a brief description of the program.

3. Program objectives. Upon completion of the program each participant will:

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4. Target audience for this program? (areas of practice, level of experience?)

5. Estimate of number of attendees. _____

6. Suggested faculty. Please attach a list of suggested instructors and their qualifications.

7. Is there a compelling need to schedule this program quickly? (eg. a new law, change in procedure, etc.) Please specify.

Submitted by: _____

Date: _____

Proposal considered on : _____ Recommended Action: _____