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|  | | | | | | | | | | | | | **Year:** | | | |  | | | **Term:** | | |  | | | | | **Course ID:** | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Submitted By:** | | | |  | | | | | | | | | | | | | **Subcommittee:** *ART, HUM, SMT, SOC* | | | | | |  | | | | | | | | | |
| **Submission Date:** | | | |  | | **Revision Date(s):** | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Course Title:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **Name(s)** | | | | | | | | | | | | | **Email(s)** | | | | | | | | | | | | | **Phone #(s)** | | |
| **Coordinator(s):** | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | |
| **Presenter(s):** | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | |
|  | | | **Sessions:** | |  | | | **Duplicate Sessions?:** | | | | | | | | |  | **Min:** | | |  | | | **Max:** | | |  | | |  | | |
| **Course Description:**  *Limit description to seven lines. For multiple sessions, provide overview and individual session descriptions, limiting each of these to seven lines apiece.* | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Preferred Modality:** *(See Notes below)\** | | | | | **In-Person** | | | | | **Hybrid** | | | | | | **Virtual** | | | **Offsite** | | | | **Extra Fees:** (If any) | | | | | |  | | | |
|  | | | | |  | | | | | |  | | |  | | | |
| **Special Instructions:** *(If any)* | | | | |  | | | | | | | | | | | | | | **Offsite  Details:** | | | |  | | | | | | | | | |
| **Presenter(s) Background:**  *Describe education and work.*  *Please limit to seven lines  per presenter.* | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Presenter Affiliation:** | | | | **HASP Member** | | | | | | | | | |  | | **Hope-Affiliated** | | | | | | | |  | **Other** | | | | |  |  |
| **Preferred Days & Times:** | |  | | | **M** | | **Tu** | | **W** | | | **Th** | | **F** | | | **Additional Availability Information** | | | | | | | | | | | | | | | |
| **9:30-11:00 AM** | | |  | |  | |  | | |  | |  | | | **Available:** | | | | |  | | | | | | | | | | |
| **1:00-2:30 PM** | | |  | |  | |  | | |  | |  | | | **Not Available:** | | | | |  | | | | | | | | | | |
| **Summarize schedule preferences from above:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Additional A/V Equipment Requested:** | | | | | | | | | | |  | | | | | | | | | **Other Special Instructions:** *(if any)* | | | | | |  | | | | | | |
| **Explain extra HASP costs other than printing:** | | | | | | | | | | |  | | | | | | | | |