



## SRFSN Webinar Proposal

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Webinar Organizer and other support planers names, position titles and affiliations:

Primary Orginizer:

Name: \_\_\_\_\_

Title/Affiliation \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Other Orginizers:

Name: \_\_\_\_\_

Title/Affiliation \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Title/Affiliation \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Title of Webinar:

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Name, title and affiliation of presenters:

Lead Presenter

Name: \_\_\_\_\_

Title/Affiliation \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Other Presenters:

Name: \_\_\_\_\_

Title/Affiliation \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Title/Affiliation \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Proposed Dates and Times of Webinar:

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Are there other SRFN Events planned during the proposed dates and times? If Yes please list the name, date and time of other events. (Use the online calendar of events to help identify):

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Is a webinar presentation software system needed?	Yes	No
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Will there be a on-site/live location for participants to attend?	Yes	No
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If yes please provide the location, number of participants that can be accommodated on-site, and other on-site needs.

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Is financial assistance from SFRN being requested?	Yes	No
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If Yes please specify the support and or services that you are requesting from SFRSN: (planning, financial, travel/transportation, venue, etc) and the estimated cost if available.

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Please provide a description of the webinar including topic(s), target audience, and purpose.

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SFRN will contact you within 1 week regarding your proposal. All SFRN associated projects must agree to complete required post-event survey data.