1. **Host Name(s):**

Click or tap here to enter text.

1. **Course Name:**

Click or tap here to enter text.

1. **Submitter Name/Position:**

Click or tap here to enter text.

1. **Requested Length of Course (choose one):** Half Day (4 hour)  
    Full Day (8 Hours)
2. **Requested Date/Time:***Enter the ideal date & timeframe for the proposed course. This time should be inclusive of the full program to include introductions, awards, oral presentations, presentations by faculty, Q/A, etc., but should not include special or after-hours events such as a reception.*

*Dates and times are requests, which the National Conference will try to honor as much as possible. Saturday and Sunday are the busiest days of the National Conference. Preference is given to sessions that have an established Saturday or Sunday program.*

***Please select 1st and 2nd preference.***

|  |  |  |
| --- | --- | --- |
| **Day & Date** | **Morning (8 AM- 12 PM)** | **Afternoon (1 PM-5:00 PM)** |
| **Friday** | Choose a preference | Choose a preference |
| **Saturday** | Choose a preference | Choose a preference |
| **Sunday** | Choose a preference | Choose a preference |
| **Monday** | Choose a preference | Choose a preference |

1. **Main Points of Contact:***Each program must have* ***one*** *staff manager, program chair, and abstract chair (if applicable). These individuals will serve as main points of contact for the program. Other planners should be added only if applicable and for COI disclosure purposes only.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **First Name** | **Last Name** | **Email** |
| **Staff Contact** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Program Chair** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Target Audience.** *Please indicate the target audience for the requested program.*

Section/Council Member

General Pediatric Providers

Other, please describe.

1. **Program Description:**

*In 50 words or less, describe the intended topics of the program or course.*

Click or tap here to enter text.

1. ***Special Requests:*** *Does this proposed program have any special requests or specific needs? Please be as specific as possible. Examples include extra space for hands-on learning, complicated audiovisual set-up, etc. Please indicate anything that will aid the National Conference Planning Group in understanding your proposed program or course.*

Click or tap here to enter text.

1. ***Preliminary Agenda:*** *Courses require a preliminary agenda. Please submit a preliminary agenda with program request form.*