

LearningQUEST Program Suggestion

1. Date: ____ / ____ / ____
2. Your name: _____
Email: _____
Phone Number(s) __ (____) _____ - _____
3. Briefly describe your idea/topic _____

4. Please provide the name of a possible presenter. Include contact information (if known):
Presenter Name: _____
Email: _____
Phone Numbers: _____
Place of Business: _____
5. Will you be the coordinator? (A coordinator is a LearningQUEST member who assists the presenter)
Yes []
No [] Anyone you can suggest: _____
Tell Me More []
6. Send form to PDCCChair@LQuest.org or mail to: LearningQUEST, P.O. Box 2387 Huntsville, AL 35804
Attn: PDC Program Committee

Thank you for your input
The Program Development Committee Team