

## Hanover Township Senior Services PROGRAM PROPOSAL FORM

Please complete **one form for each course** you would like to propose. Include all requested information. This form must be completed for your proposal to be considered.

_____			_____	
(Name)			(Today's Date)	
_____			_____	
(Street Address)	(Apt. #)	(City)	(State)	(Zip Code)
_____			_____	
(Home Telephone)	(Work or Cell Telephone)	(e-mail)		
_____				
(Title/Credentials/Educational background)				

### PRESENTATION, CLASS OR WORKSHOP INFORMATION

**Full Title of Course:** \_\_\_\_\_

**Number of Sessions:** \_\_\_\_\_ **Requested Honorarium (if applicable):** \_\_\_\_\_  
(per session)

**Course Description:** Please provide specific information in describing the course, including content and format information. 40-50 word limit. You may write it here, or attach on a separate piece of paper.

---

---

---

---

---

---

---

---

Please continue on reverse side

## ROOM SET UP AND EQUIPMENT REQUEST

### ROOM SET UP

Please specify room configuration:

- Lecture Style (Chairs Only) \_\_\_\_ # of Chairs  
 Chairs in a Circle \_\_\_\_ # of Chairs  
 Table and Chairs \_\_\_\_ # of Tables \_\_\_\_ # of Chairs

(Include a drawing for clarity if necessary)      \_\_\_ PowerPoint Projector      \_\_\_ Laptop      \_\_\_ Screen  
 \_\_\_ White Board (or similar)      \_\_\_ DVD player      \_\_\_ Lectern/Podium

### AUDIO VISUAL AND I.T. EQUIPMENT

- Microphone       PowerPoint Projector       Laptop       Screen  
 Internet Access       Flip Chart/Markers       DVD Player       Lectern/Podium

Other (please specify) \_\_\_\_\_

### **SCHEDULING PREFERENCES:** *Please clearly indicate any preferences or limitations to your schedule*

**Preferred Month(s):** \_\_\_\_\_ **Preferred Day of Week:** \_\_\_\_\_

(Monday through Saturday)

**Time of Day:** \_\_\_ Morning (Mon.-Sat.) \_\_\_ Afternoon (Mon.-Fri.) \_\_\_ Evening (Tues. & Thurs.)

**Please provide details to help us better schedule your program:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **RETURN COMPLETED FORM TO:**

**Jamie Zbrzezny, Program Manager**

Hanover Township Senior Center

240 S IL Route 59

Bartlett, IL 60103

Phone: 630.483.5600

Fax: 630.483.5690

e-mail: [jzbrzezny@hanover-township.org](mailto:jzbrzezny@hanover-township.org)

*Proposals must accompany a completed Independent Contractor Agreement for consideration.  
 Thank you for interest in the Hanover Township Senior Center!*