

# Education Provider Application

2022

This form must be completed by FCSI Education Providers and submitted for each program.

Program Title \_\_\_\_\_

This program is  New  Revised  Unchanged from last year

Expected program length  60 minutes  90 minutes  Other (please specify in the agenda)

Education Provider Company Name \_\_\_\_\_

(Please list all brands being represented in the program)

Please indicate the type of program (check all that apply):

Set-date  Flexible date  "Your place"  Webinars

Date(s) program is/are offered \_\_\_\_\_

(Leave blank if event is on demand)

Education Provider Contact Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address Where Program is Being Held (leave blank if on demand)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Program Agenda

Please provide the program agenda with learning objectives, details on the program topics, and presenter biographies. For in-person events, provide the beginning and ending times, breaks and/or lunch times. Attach separate pages if necessary.

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### Return completed form to:

Amy Stark, Director of Administration

[amy@fcsi.org](mailto:amy@fcsi.org)

3309 Robbins Road #171 Springfield, IL 62704-6587

309.808.2165

