CEC Program Application
Prerecording Lecturer / Speaker
Information Form

Lecture/Activity Title:_____

Date: _____ Time (example 8:00am-9:00am): _____

Length of presentation (minutes): _____

Name of Lecturer / Speaker (Please Do Not Submit Resume or CV):

_____

first name, middle initial, last name, degree(s), professional credential(s)

Content (Provide a description of the topics to be covered.)

Learning Objectives (What do you expect participant to be able to do after lecture?)

Download additional copies of this form at www.aastweb.org/resources/Documents/SLForm.pdf.

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