

Volunteer Coordinator: _____

Email: _____ Phone: _____

Title of Program* _____

*Keep the title pithy.

Type of Program

- Luncheon Reception Teleconference
 Webcast All-Day Program
 Other: _____

Date: _____ **Time-Start/End (ET):** _____

Location: _____

[Include Host firm's name and room capacity (for internal use only)]

CLE Credit: Do you anticipate requesting CLE for this program?

Yes**, I would like EBA to apply for CLE. Indicate which states:

No

I would like help evaluating if this program is worthy

**If you are seeking CLE approval for this program you must provide, 45 days in advance: name of program, learning objective, speaker names, titles and firms, and sample handout.

Recording Program: EBA will record the program for our On-Demand Library. Generally programs selected for recording are also approved for CLE credits. Recording a program requires additional planning and rehearsal time. Allow for at least 6 weeks advanced notice to plan any recorded programs. EBA will provide speaker/moderator tip sheet for virtual programs.

Yes, I would like EBA to consider recording this program.

No, this program is not worthy of recording.

Brief Description of program to use in promotions: _____

(You may submit a Word document)

Presented by which EBA Committee(s) or Chapter: _____

Co-Marketing: Would you like EBA to invite other bar associations or industry organizations to co-market this program to their membership? If so, which organizations?: _____

[All invitations to co-market must be approved by the EBA Joint Enterprise Committee.]

List the program moderator and speakers. Include name, title, organization/ company, and email for each moderator/speaker:

Moderator: _____

Speakers: _____

PLEASE NOTE: the EBA generally does not provide travel reimbursement for speakers or pay speaker fees.

Other Meeting Specifics:

Financial sponsors: _____

Hosted lunch, paid for by: _____

Hosted networking reception, immediately following the meeting, paid for by: _____

Location Details—Provide details regarding parking, Metro, and access: _____

Media: It is EBA's goal to always allow media. Is there any reason media cannot attend this event?

No Yes, describe: _____

Questions for Panelists (optional)—If you would like people to ask questions in advance, complete. Send any questions to:

Name: _____

Email address: _____

No later than: _____

Audience

Indicate the **primary** audience for this program:

Energy Attorney Energy Professional/Consultant

Student Other: _____

Number of years experience in energy:

1-4 years 5-10 years 10 or more years

Energy Field(s) of Practice—Check all that apply and circle federal (F) and/or state (S):

Electric: F S Gas: F S Hydro: F S

Transactional: F S Finance: F S Nuclear: F S

Oil: F S Other: F S _____

Indicate if this program would appeal to a specific area:

Houston Rocky Mountain Midwest

Southern New Orleans Western

Northeast Canada Other: _____

EBA staff will insert registration rates, payment and cancellation details into the marketing material.

As a reminder, the EBA Board has set and approved Program Fee Guidelines: The EBA Board has adopted a minimum fee structure for EBA events organized at both the national and chapter levels. The fee structures do not apply to either National or Chapter annual meetings. Those excluded events shall continue to be priced individually with prior approval from the EBA Board. Also, lower fees can be proposed for current students and government employees.