

## Learn More, Earn More – Presenter’s Proposal

<b>Company Name:</b> _____	<b>Date:</b> _____
<b>Presenter’s Name:</b> _____	
<b>Phone:</b> _____	<b>Fax:</b> _____
<b>E-mail:</b> _____	<b>Web site:</b> _____
<b>Title of proposed seminar:</b> _____	

The HBAWS Continuing Education policy requires builder members to attend classes, seminars, courses and similar types of instruction, which are oriented at the professional education needs of builders and/or remodelers. Members must take courses pertaining to the general building industry (non-inspection credits) and courses pertaining to building inspections or home inspections (inspections credits).

The goal of the HBAWS Education and Program Committee is to provide accurate and useful information to our members, presented by qualified instructors on relevant topics. Programs should be educational/instructional in nature, not promoting any specific company or product. This form is designed to help the Committee determine if a proposed presentation fulfills those goals.

**Please attach additional pages if necessary.**

What type of material would the presentation cover? \_\_\_\_\_

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What is the relevance of the proposed topic to the building industry/our members? \_\_\_\_\_

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If we need more detail, could you provide a detailed outline of the presentation?

\_\_\_\_\_ Yes, in-person      \_\_\_\_\_ Yes, via e-mail      \_\_\_\_\_ Yes, via fax

(over)

Would this course be considered:

\_\_\_\_\_ Inspections (quality control)    \_\_\_\_\_ Non-inspections

Have you presented this seminar before?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, where/when? \_\_\_\_\_

\_\_\_\_\_

What would be the length of the presentation:    \_\_\_\_\_ 1hour    \_\_\_\_\_ 2 hours    \_\_\_\_\_ 4 hours

Would you use audio-visuals for the presentation?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

What would the content be? \_\_\_\_\_

\_\_\_\_\_

A/V needs from HBAWS: \_\_\_\_\_

Would you provide handouts?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

What would the content be? \_\_\_\_\_

\_\_\_\_\_

Proposed date and location: \_\_\_\_\_

\_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_

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**Please send this form via fax to: 336.774.6778**

Upon receipt, HBAWS will notify you as to the timeline of the approval process.