

SOUTHERN ILLINOIS LEARNING IN RETIREMENT

COURSE PLANNING FORM

SILIR Committee Member
Coordinator:

Title of Course: _____

Instructor: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Day Phone: _____ *Cell Phone:* _____

Email: _____

Day(s): _____ *Times:* _____

Date to start: _____ *End date:* _____

Participant Materials required? (Please list materials & cost.) _____

Please describe what, if any, AV or other equipment will be used. _____

Please list any necessary AV or other equipment you will not be providing: _____

Description of Course:

Is there a maximum number of participants? _____ If yes, what is the maximum? _____

Preferred Location? (Epiphany, Carbondale Township....) _____