

**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....) \_\_\_\_\_