

CSSE COURSE PLANNING FORM

Submit completed form to helpdesk@csse.org

CONTACT PER	SON:		
Name:			
Name.			
Phone:	Email:		
Chapter			
COURSE INFO	RMATION:		
Course Title:			
City:	Dates:		
Venue Suggestions: CSSE will book the venue, unless this is a Chapter partnership. If you have suggestions for free, or low-cost locations and for caterers who will service that location on the dates you've chosen, please let us know below.			
PARTICIPANT	INFORMATION:		
	etails for 13-15 participants who have agreed to register for the above course on the selected are you have their permission to provide CSSE with these contact details.		

Name	Phone Number	Email Address