

Education Provider Application

2023

This form must be completed by FCSI Education Providers and submitted for each program.

Program Title _____

This program is New Revised Unchanged from last year

Expected program length 60 minutes 90 minutes Other (please specify in the agenda)

Education Provider Company Name _____
(Please list all brands being represented in the program)

Please indicate the type of program (check all that apply):

Set-date Flexible date "Your place" Webinars

Date(s) program is/are offered _____
(Leave blank if event is on demand)

Education Provider Contact Name _____

Email _____ Phone _____

Address Where Program is Being Held (leave blank if on demand)

Street _____ City _____ State _____ Zip _____

Program Agenda

Please provide the program agenda with learning objectives, details on the program topics, and presenter biographies. For in-person events, provide the beginning and ending times, breaks and/or lunch times. Attach separate pages if necessary.

Return completed form to:

Daniel Milana, Professional Development Coordinator
daniel@fcsi.org
 1900 E. College Avenue, Suite A401, Normal, IL 61761
 309.808.2165

