



Enter topic of Workshop in all caps
Group-Live Presentation

Enter # of CPE Credits and topic category

Fee: \$ (\$ if received after)
Enter date(s)

Enter workshop location (City, State)

Presented by

Enter presenter's name

Hosted by

Enter name of host institution

Agenda

Session Time	Session Topic
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Objective for Each Session

Enter workshop objective. Specify the program level (basic, intermediate, advanced, update or overview). In last sentence of the objective, identify prerequisites for intermediate, advanced or update. For basic or overview only, state "No prerequisites or advanced preparation is necessary."

An example of a good performance objective is defined as "Specifications on what participants should accomplish in a learning activity period. Learning objectives are useful to program developers in deciding appropriate instructional methods in allocating time to various subjects".

After completing this course you will be able to:

- *Differentiate between the three basic levels in an organization*
- *List the six types of strategic plans*
- *Associate each strategic plan with the appropriate organization level*
- *Define the four steps in the organization strategic planning process*
- *Apply the strategic planning process to create product marketing plan*

Presenter

Enter information about presenter(s) or host

Workshop Location

Provide information about location, directions, etc.

Accommodations

Enter accommodation information

Additional Information

Enter other desired information such as additional fee information, refund, deadlines, etc.

Registration

Please complete, print, and mail the accompanying registration form with check made payable to SACUBO Enter Location (City only) Workshop to the following address:

Enter name of your institution
Enter Street/P.O. Box
Enter your City, State and Zip

Questions: Enter contact's name, phone and e-mail address

Enrollment is limited. Refunds will be made based on written request received prior to Enter the registration deadline date here. For more information regarding administrative policies, such as complaints, refunds or cancellations, please contact Enter the contact name and phone number here.

SACUBO (FEIN #76-0427292)

Registration Form

Enter title of workshop

Enter Date of Workshop - Enter Workshop Location (City, State)

Name: _____

Title: _____

Organization: _____

Street/P.O. Box: _____

City: _____, State: _____ Zip: _____

Phone:(_____) _____

Fax:(_____) _____

E-mail: _____

Do you require CPE credit? Yes _____ No _____



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