# Request for AQE Scheduling

I am (we are) requesting a date for an AQE program:

1) Title_____

   Hybrid___ In-person___ Location_____

2) Brief Description for AQE calendar (max. 10 words)

   _____

3) Date requested (all Sundays available except 3rd Sunday)

   _____ Alternate Date_____

4) Approved by this committee: _____

5) Contact person(s)

   Name_____ Contact Info_____

   Name_____ Contact Info_____

Submit to Carol Shearon moyer.shearon@gmail.com

Note: Contact persons are responsible for all publicizing in Newsletter and elsewhere. That person is also responsible for arranging for all technical needs.