



Continuing Education Activity Plan - Conference Sponsor Form



Approved Sponsor: University of Northern Colorado: Department of ASL & Interpreting Studies

RID Activity Code for this activity: _____ *To be assigned by Sponsor – leave blank

For a conference, the sponsor form and instructor form MUST be submitted for each workshop being offered for CEUs. This activity plan and all additional items must be submitted to the RID Approved Sponsor 45 day prior to the activity occurring so that the Sponsor can submit it to the RID National Office 30 days in advance. Additional items need to be submitted in order to process this request. These items are 1) instructor form, 2) instructor resume or bio, 3) promotional materials like a brochure, flyer or registration form and 4) a blank evaluation form.

To be filled out by the Contact Person:
*Missing information will delay the processing of this request

Contact Person's Information -

Name: _____
Phone: _____
Email: _____
Website: _____

Conference Information -

Conference Title: _____
Location of Conference: _____
City: _____ **State:** _____
Conference Start Date: _____ **End Date:** _____

Workshop Information -

Title: _____
Instructor Name: _____
Workshop Start Date: _____ **End Date:** _____
Workshop Start Time: _____ **End Time:** _____
Number of CEUs to be awarded: _____

The workshop's content area aligns with:	Professional Studies	General Studies	
The workshop's content level aligns with:	Little/None	Some	
	Intensive	Teaching	
The participating programs:	CMP only	ACET only	Both

As the contact person for this workshop, I certify that this information is accurate. **Yes** **No**
As the contact person for this workshop, I submitted this form within the following timeframe:
>45 days to the workshop **45-30 days to the workshop** **<30 days to workshop**

*Check the boxes for the above statement acts as the Contact Person's signature.

Date this form was submitted: _____

To be filled out by the CMP Sponsor:

As the CMP Approved Sponsor for this RID activity, I certify that the above information is accurate and will be filled online with RID through www.rid.org at least 30 days prior to the start of the activity.

Sponsor Administrator: _____

Date: _____