



Practical Computing Demonstration (PCD) Proposal

Contact Information

Contact Name: _____

Affiliation: _____

Email: _____

Phone: _____

Address: _____

City: _____

State/Province: _____

ZIP/Postal Code: _____

PCD Title: _____

PCD Information (Required)

Instructor Name(s): _____

Affiliation(s): _____

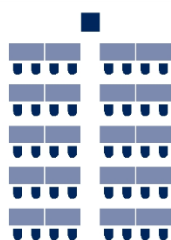
Email(s): _____

Please provide the following directly to amy@amstat.org by August 18, 2016. If selected, your final commitment form will be due September 9, 2016. The program descriptions are limited to 1,200 characters per section.

- Title
- Description
- Outline & Objectives
- About the Instructor
- Relevance to Conference Goals
- Brief Description of the Product

Room Set-Up Preference (indicate one)

Classroom



Theater



Return by August 18, 2016, to
amy@amstat.org