



Practical Computing Demonstration (PCD) Proposal

Contact Information

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. If selected, your final commitment and payment will be due by September 6, 2017. The program descriptions are limited to 1,200 characters per section. Feel free to email this information.

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

Return by August 16, 2017

to

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