

Proposal for a Shared Interest Group (SIG)

Name of person submitting the proposal: _____

Phone: _____ e-mail address: _____

Date submitted: _____

Working name for the proposed SIG: _____

(name may be changed during the approval process)

Describe the purpose of the SIG: _____

Is this SIG related to any OLLUS course? _____

Are you willing to lead _____ or participate _____ in the formation of SIG?

Please provide the names and contact information