



**American Bar Association 2009 Annual Meeting
Chicago, Illinois
July 30 – August 1, 2009
Section of Dispute Resolution**

***CLE PROGRAM SUBMISSION AND
COMMITTEE MEETING REQUEST FORM***

Submitting Committee: _____

Preferred date: Thursday, July 30 Friday, July 31

Program Title:

Panelists/ Speakers (Minimum of 3 required):

Program Description:

Proposed Co-sponsors:

Diversity:

Contact Information for Panelists/Speakers:

Name #1: _____
Firm/Organization: _____
Street Address: _____
City, State, Zip: _____
Telephone: _____ Fax: _____
E-mail Address: _____

Name #2: _____
Firm/Organization: _____
Street Address: _____
City, State, Zip: _____
Telephone: _____ Fax: _____
E-mail Address: _____

Name #3: _____
Firm/Organization: _____
Street Address: _____
City, State, Zip: _____
Telephone: _____ Fax: _____
E-mail Address: _____

Name #4: _____
Firm/Organization: _____
Street Address: _____
City, State, Zip: _____
Telephone: _____ Fax: _____
E-mail Address: _____

Submitted by:

Name: _____
Street Address: _____
City, State, Zip: _____
Telephone: _____ Fax: _____
E-mail Address: _____

Review Deadline: The committee will review submissions and contact you by 5/1/09.

Please return form to:

ABA - Section of Dispute Resolution | 740 15th Street, NW | Washington, DC
20005

Phone: 202-662-1680 | Fax: 202-662-1683