**Society for Clinical Trials Webinar Proposal Form**

Please submit your completed Webinar Proposal Form ***(2-page maximum)*** to info@sctweb.org for the Education Committee’s review and consideration.

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| **Webinar Title:** |  |
| **Faculty (Include Each Faculty Member’s Name, Degrees, Current Position Title(s), and Affiliation):** |  |
| **Session Description:** |  |
| **Session Learning Objectives:** |  |
| **Time Allocation of Session (60-minutes Total):** |  |
| **Target Audience:** |  |