

**Program Proposal Cover Sheet
Illinois State Bar Association**



**Must Submit by Deadline for CLE Comm. approval of
Proposed Presentation date
Submission Deadlines — Presentation Dates:**

7/15	Dec./Jan
9/15	Feb./March
11/15	April/May
1/15	June
3/15	Sept.
5/15	Oct. /Nov.

Form is also available at:

<http://www.isba.org/committees/cle/index.html>

Cover sheet must accompany all proposals.

- A. **Section Council/Standing or Special Committee:** _____
- B. **Title of proposed program:** _____
- C. **Person(s) submitting proposal:** _____
(Include name, address, telephone number and e-mail address)
- D. **Program to be Presented:** ___ Dec./Jan. ___ Feb/March ___ April/May
___ June ___ Sept. ___ Oct. /Nov.
- E. **I confirm by checking this box that I have made an effort to secure speakers who reflect geographic, ethnic, and gender diversity of the bar.**
- F. **I confirm by checking this box that I have made an effort to schedule speakers for presentations times of not less than 15 minutes segments, except panel presentations and introductory and closing remarks.**
- G. **Program Length:** _____ All day (9:00 a.m. to at least 4:00 p.m.) _____ Half day (at least 3.5 hours) _____ Short format program (1-2 hours)
- H. **Program Location:** _____ Chicago & Downstate _____ Chicago Only
(If Chicago, please indicate: _____ Chicago Loop Only _____ Chicago Vicinity Only _____ Either)
_____ Downstate Only _____ Conference Call (live location _____)
- I. **Indicate cumulative time allotted as an identifiable segment for professionalism, diversity issues, mental illness and addiction issues, civility, or legal ethics (this identifiable segment, if included, must be a minimum of one hour for full day programs and a minimum of one-half hour for half day programs; any speaker/topic segments within this hour or half-hour must in increments of 15 minutes for MCLE credit purposes):** _____
- J. **I confirm by checking this box that I have submitted a copy of this proposal to _____, our liaison from the CLE Committee. (Contact ISBA for name.)**

Attach an outline of topics, speaker contact information, and other information requested—use the form below or type an outline with all the requested information.

Please return this cover sheet and attachments to:

**CLE Department
Illinois State Bar Association
424 South Second Street, Springfield, IL 62701
Fax: (217) 525-0712 e-mail: tbordenkircher@isba.org**

ISBA Law Ed Series Program Outline

(Reminder: The text you submit below is the basis for ISBA marketing efforts. Please submit the exact language you recommend for our ads, brochures, etc.)

Sponsoring Section or Committee: _____

Co-sponsoring Sections or Committees, if any: _____

Program Title: _____
(Keep the recommended title short, simple and catchy!)

Requested Date(s): _____

To what specific type of practitioner is this program directed?: *(Identify the targeted substantive law practice areas)*

To what level of practice experience is this program directed?

What is the specific need this program addresses? What would you tell someone to convince them to register for it? *(attach additional pages if needed)*

Topic Titles, Descriptions and Presenters:

- *Suggested presentation length per topic is one hour. We ask that presentation length be in increments of 15 minutes for MCLE credit purposes.*
- *Keep the presentation title short, simple and catchy.*
- *Descriptions should be **at least one to three sentences in length** and describe what the session will be about and what the attendee will take away from the program.*
- *Recruit only speakers who will agree to be videotaped and who will sign the **required Presentation Agreement** (copy attached). (Almost all live CLE programs are now videotaped and produced for the ISBA FastCLE online store—www.ISBA.org/FastCLE)*
- *Identify and recruit in-state speakers. Out-of-state speakers require prior approval of CLE committee.*
- *Provide full contact information for each speaker, including email address and phone number.*

Topic 1 Title: _____

A. Description: _____

B. Presentation length: _____

C. Presenter Names, Addresses, Telephone Numbers, E-mail Addresses:

Topic 2 Title: _____

A. Description: _____

B. Presentation length: _____

C. Presenter Names, Addresses, Telephone Numbers, E-mail Addresses:

Topic 3 Title: _____

A. Description: _____

B. Presentation length: _____

C. Presenter Names, Addresses, Telephone Numbers, E-mail Addresses:

Topic 4 Title: _____

A. Description: _____

B. Presentation length: _____

C. Presenter Names, Addresses, Telephone Numbers, E-mail Addresses:

Topic 5 Title: _____

A. Description: _____

B. Presentation length: _____

C. Presenter Names, Addresses, Telephone Numbers, E-mail Addresses:

Topic 6 Title: _____

A. Description: _____

B. Presentation length: _____

C. Presenter Names, Addresses, Telephone Numbers, E-mail Addresses:

(Add more pages if necessary)

MARKETING THE PROGRAM

For ISBA marketing purposes please indicate which of the following groups might be interested in this program:

ISBA Sections and Committees

- | | |
|---|--|
| <input type="checkbox"/> Administrative Law | <input type="checkbox"/> Insurance Law |
| <input type="checkbox"/> Agricultural Law | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Alternative Dispute Resolution | <input type="checkbox"/> International & Immigration Law |
| <input type="checkbox"/> Animal Law | <input type="checkbox"/> Labor & Employment |
| <input type="checkbox"/> Antitrust | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Bench & Bar | <input type="checkbox"/> Mineral Law |
| <input type="checkbox"/> Business Advice & Financial Planning | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Child Law | <input type="checkbox"/> Senior Lawyers |
| <input type="checkbox"/> Civil Practice | <input type="checkbox"/> State & Local Tax |
| <input type="checkbox"/> Commercial Banking & Bankruptcy | <input type="checkbox"/> Tort Law |
| <input type="checkbox"/> Corporation Securities & Business | <input type="checkbox"/> Traffic Laws & Courts |
| <input type="checkbox"/> Corporate Law Department | <input type="checkbox"/> Trusts & Estates |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Education Law | <input type="checkbox"/> Young Lawyers |
| <input type="checkbox"/> Elder Law | <input type="checkbox"/> ARDC |
| <input type="checkbox"/> Employee Benefits | <input type="checkbox"/> Corrections and Sentencing |
| <input type="checkbox"/> Energy, Utilities, Transp. & Telecomm. | <input type="checkbox"/> Government Lawyers |
| <input type="checkbox"/> Environmental Law | <input type="checkbox"/> Law Office Management & Economics |
| <input type="checkbox"/> Family Law | <input type="checkbox"/> Legal Technology |
| <input type="checkbox"/> Federal Civil Practice | <input type="checkbox"/> Mental Health Law |
| <input type="checkbox"/> Federal Tax | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> General Practice | <input type="checkbox"/> Military Affairs |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Racial and Ethnic Minorities |
| <input type="checkbox"/> Human Rights | <input type="checkbox"/> Other _____ |

Certified Public Accountants*

*(*ISBA is approved as a registered public accountant continuing professional education (CPE) sponsor.)*

Other _____

Thank you for your proposal!



PRESENTATION AGREEMENT

Illinois State Bar Association
424 S. Second St., Springfield, IL 62701
Fax: (217) 525-0712

Applicability Dates: This Presentation Agreement applies to all presentations I give for ISBA between the dates of January 1 – December 31, 2010.

License Terms: As a condition of the opportunity to present and for no monetary compensation or expectation thereof, I hereby grant to the Illinois State Bar Association (ISBA) the following rights in my written and spoken presentation(s) (“presentation”): (1) the right to audio and/or video-record my presentation; (2) the nonexclusive worldwide right to reproduce, distribute, broadcast, perform, and display the presentation and to license or syndicate use of the presentation, or any part thereof, in any medium or form of communication, now existing or hereafter developed, to others; (3) the nonexclusive worldwide right to use the presentation, or any part thereof, in any other publication produced by the ISBA; and (4) the right of ISBA to contact me, as indicated below, regarding questions or discussions arising from future audio and/or video presentations. In addition, I assign the nonexclusive worldwide right to use the presentation to promote and publicize the ISBA or its publications, including the right to use my name and likeness and biographical data in such promotions. If so used, I will be identified as the author of the presentation, or co-author if applicable and waive any right to financial remuneration should any financial benefit accrue to ISBA as a result of publication.

Warranty: I warrant that the presentation is original to me, that it is not subject to any existing copyright and that I have authority to grant the rights in this Agreement; that its publication and/or broadcast will not libel anyone or infringe on or invade the rights of others and will not cause harm to anyone; that I have full power to make this agreement; and that the presentation has not been published elsewhere in whole or in part (except as may be set out in a rider attached herewith). Should the presentation contain any material, which requires written permission for inclusion in the presentation, I agree to obtain such permission from the copyright proprietor consistent with this Agreement and provide a copy of the permission to ISBA.

Execution of this Agreement does not obligate the ISBA to publish my presentation or permit me to present.

Presenter’s Signature: _____ **Date:** _____

Please complete the following contact information for potential follow-up questions to ISBA’s audio and/or video programs which include the presentation(s):

*Name (print): _____

Firm Name/Employer: _____

* Mailing Address: _____

* City _____ State _____ Zip _____

* Phone: _____ **(and/or)** * E-mail: _____

Fax: _____ **(*indicates required information – must provide phone or e-mail)**

U.S. GOVERNMENT EMPLOYEES, PLEASE CHECK [a] OR [b]: _____ [a] This Work was written on my own time and was not required by my assigned job or official duties as a US. Government employee. _____ [b] This Work was written as part of my assigned job or official duties as a U.S. Government employee.