

Workshop / Specialist Session Request Form

Workshops: A workshop addressing a topic of narrow scope is preferred, but a broad scope may be addressed with the objective of bringing people together to discuss an area of propulsion and delineate topics of narrow scope for later study. Workshops may be scheduled as evening (2-4 hours), or as half or whole day sessions.

Specialist Sessions: Specialists in a specific area meet to stimulate ideas and contributions from the audience. It is assumed that the majority of the attendees will be active in the area and will contribute to solutions or to a better understanding of the problem. Specialist Sessions are scheduled as a regular technical session.

Please email or fax this form to pats@jhu.edu, or (410) 730-4969. **The deadline date for the receipt of workshop / specialist session request forms is June 30, 2009.**

WORKSHOP/SPECIALIST SESSION INFORMATION

Workshop Specialist Session

Title: _____

Submitted for consideration by: _____ Phone _____ Email _____

Technical Chair: _____

Organization: _____ Address _____ Phone _____ E-Mail _____

Proposed Date/Location: _____

Proposed Length (number of hours or days): _____

Subcommittee: JPM APS CS EPSS LPS MSS
 PEDCS PSHS RNTS SEPS SMBS SPS

Security Classification of Workshop/Specialist Session: Unclassified Confidential Secret

Is this workshop/specialist a follow-on? Yes No If yes, date of previous workshop? _____

Name of CPIAC Technical Representative _____

BACKGROUND / NEED

Provide a brief statement describing the technical need.

OBJECTIVE

Provide a concise statement of the specific objectives.

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APPROACH / AGENDA

State specific approach, issues to be addressed, and provide a tentative agenda.

EXPECTED OUTCOME/DELIVERABLE (Identify Office/Person Responsible)

	Workshop	Specialist Session	Office/Person Responsible
Detailed Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not Applicable	
Summary Report	Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Presentations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
JANNAF Papers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

APPROVAL

Please initial and date to indicate approval and identify the office/person responsible for the workshop/specialist session

	Workshop	Specialist Session	Office/Person Responsible
Mission Area Chair			
TSG Chair			
CPIAC Technical Staff			
EC Liaison		Not Applicable	
CPIAC Director		Not Applicable	Dr. Edmund Liu