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| **Request to Hold a JANNAF Workshop**  **JANNAF**  **­­­­­­­­­­­­­­­­­­­­­ Subcommittee** | | |
| This form is necessary to hold a workshop. Please fill out all the necessary information and submit to your ERG technical liaison or to Shelley Cohen at [scohen@erg.jhu.edu](mailto:scohen@erg.jhu.edu)  Workshops must be approved in order to be included in the JANNAF meeting final program; this form is the first step in the approval process. For more information please refer to the “JANNAF Workshop Guide for Chairs.” | | |
| **PART A** | | |
| \* Required fields marked with an asterisk | | |
| **Workshop Title:\*** | | |
| **Workshop Security Classification:\***   Unclassified  Secret | | |
| **Length of Workshop:\***  4 hours  8 hours  2 Day  3 Day Other: | | |
| **JANNAF Subcommittee:**  APS  CS  EPSS  LPS  MSS  PEDCS  PSHS  RNTS  SEPS  SMBS  SPS | | |
| **Workshop Chair\*** | | |
| Title:  Dr.  Mr.  Ms.  Other | | |
| Name: | Organization: | |
| Address: | | |
| City: | State: | ZIP Code: |
| Phone: | Email: | |
| **Workshop Co-Chair (if applicable)** | | |
| Title:  Dr.  Mr.  Ms.  Other | | |
| Name: | Organization: | |
| Address: | | |
| City: | State: | ZIP Code: |
| Phone: | Email: | |
| **Designated Note-Taker (not an ERG staff member)\*** | | |
| Name: | Organization: | |
| Phone: | Email: | |
| **Workshop Background\*** | | |
| Please briefly describe the technical need for this workshop. This description will form the introductory text for the workshop in the JANNAF meeting program. | | |

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| **Workshop Goals\*** | | |
| Specific objective(s) of the workshop and planned accomplishments. The outcome of the workshop is required to be submitted to ERG in the form of a workshop final report describing these achievements in detail.  Insert your objectives here. . . | | |
| **Responsibilities of the Workshop Chair\*** | | |
| I understand that the workshop chair's responsibility is to ensure that all presentations and papers associated with this workshop have clearance forms submitted to ERG prior to the workshop. | | |
| I understand that the workshop chair is responsible for submission of a workshop final report for publication by ERG. | | |
| I agree to complete Part B of this form no later than 10 weeks prior to the JANNAF meeting | | |
| **Signatures of Approval\*** | | |
| **Approver** | **Name** | **Signature** |
| Workshop Chair |  |  |
| Subcommittee TSG Chair |  |  |
| **PART B** | | |
| **Agenda\*** | | |
| For each agenda item include the presentation title, presenter’s name, organization, and email, as well as an approximate presentation time length. Including an agenda item for discussion periods results in successful workshops, for discussion periods it is best to designate a leader.  Insert your agenda here... | | |

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| **Request to Hold a JANNAF Workshop**  **JANNAF**  **­­­­­­­­­­­­­­­­­­­­­ Subcommittee** | | |
| **Invited Workshop Participants\*** | | |
| A list of invited participants is required. Please include names, organizations, and e-mail addresses. | | |
| **Signatures of Approval\*** (the ERG Technical Liaison will handle the approval process) | | |
| **Approver** | **Name** | **Signature** |
| Executive Committee Liaison |  |  |
| ERG Director | Peter Zeender |  |
| **↓ ERG INTERNAL USE ONLY ↓** | | |
| **Assigned Tech Staff:** | | |
| **Approximate Number of Participants:** | | |
| **Approximate Number of Participants Attending the JANNAF Meeting Just for this Workshop:** | | |
| **Notes:** | | |
| **Complete and return this form via:**  **Email:** [**scohen@erg.jhu.edu**](mailto:scohen@erg.jhu.edu)  **Fax: 410-730-4969**  **Mail to: JHU-ERG, 10630 Little Patuxent Pkwy, Suite 202, Columbia, MD 21044-3286**  **Form Date: 3/14/2012** | | |