The Colorado Archaeological Society

[5/2010]

The Office of the State Archaeologist

PROGRAM FOR AVOCATIONAL ARCHAEOLOGICAL CERTIFICATION

LOCAL PAAC SEMINAR PROPOSAL

Host Chapter/Local Org.: _____ Date: _____

1. Title: _____

2. Abstract (2 sentences): _____

_____

_____

_____

3. Instructor: _____

4. Address: (street address)_____

(city & state)_____

5. Telephone number(s): _____

6. Total length of time for seminar (estimated): _____ hours

7. Instruction time (preferred): business hours _____, evenings _____, weekends _____

8. Group size (numbers): minimum _____, maximum _____

9. Seminar Description: Outline and explain each major heading to be addressed in the seminar. Write on the back of this page if necessary.

A. _____

_____

_____

B. _____

_____

_____

C. _____

_____

_____

D. _____

_____

_____

10. List equipment needed to conduct seminar: _____

_____

_____

11. Number of handouts: _____

12. If requested, would you be willing to teach your seminar to CAS chapters or other organizations outside of your area?

yes _____ no _____

Chapter/Local Org. Coordinator: please send this completed form to:

State Training Coordinator — PAAC
Office of the State Archaeologist
History Colorado,
the Colorado Historical Society
Civic Center Plaza
1560 Broadway, Suite 400
Denver, CO 80202

_____	_____	_____	_____
signature	date	chapter/org	phone

Approved: _____ _____

PAAC Board Chairperson date