****

**ACTIVITY PROPOSAL**

|  |  |
| --- | --- |
| **Name of Event** |  |
| **Date of Event** |  |
| **Place of Event** |  |
| **State Event Organizer/s and Specific Collaboration****(please include member’s name and contact details)****\*if applicable** |  Organized by: \*Jointly organized by: \*Co-organized by: \*Sponsored by: \*Supported by IAC/Grants: \*Supported by: |
| **Strategic Objective/s****(tick all that apply)** |  Provide Information Solutions**** Empower Members and Member Communities Support Excellence in Education Communicate Chemistry's Value Embrace and Advance Inclusion in Chemistry |
| **Task Force Group****(tick only one)** |  Public Relations **** Capacity Development Outreach Award |
| **Please briefly explain how the event would engage Chapter members.** |  |
| **Please briefly explain how the event assists the Chapter’s visibility.** |  |
| **Please mention if the event will provide a platform for income re-generation and can be sustained in the future.**  |  |
| **Please list any specific assistance and needs to be required from the central committee.** |  |
| **Financial Budget** |  |

Please email the proposal to acsmalaysiachapter@gmail.com

For the Chapter’s committee use only

|  |  |
| --- | --- |
| Activity proposal approved? | Yes/No |
| Approval date |  |