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**ACTIVITY PROPOSAL**

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| **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](mailto:acsmalaysiachapter@gmail.com)

For the Chapter’s committee use only

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