**APMC 2022 Workshop Proposal Form**

**Section 1**

**Proposed Workshop Title:**

**Half-day or full-day workshop:**

**Workshop Organizer(s):**

1. Name (corresponding organizer):        
   Affiliation:        
   email:
2. Name:         
   Affiliation:

email:

**Important Information**

* **Please read the Workshop Proposal Submission Instructions from APMC 2022 web site before you complete this form.**
* **Workshop fees waivers will be granted to no more than two organizers of a given workshop. Workshop fees will be waived for Workshop speakers who submit notes by the specified deadline and in the correct format.**
* **Accepted workshops will be scheduled on the first day of the APMC 2022. Organizers are expected to inform their speakers accordingly.**
* **Accepted workshops will be held online only.**
* **Half-day workshop will be scheduled at 9:30-12:30 or 13:30-16:30. Full-day workshop will be scheduled at 9:30-16:30 (including one hour lunch time)**

**I have read and understand the above important information:**      (Yes/No)

Complete the rest of the form only if your answer to the above question is Yes.

**Section 2**

**Acceptance of workshop proposals will be based on the following review criteria:**

•**Technical Content** (25%): Does the Workshop contain new technology or state-of-the-art results? Does it address a rapidly evolving technical area? Does it present new and innovative ideas to the attendees?

•**Quality** (25%): Are the speakers recognized authorities and /or contributors in their field? Has their participation been confirmed? Is it well organized with a coherent theme? Is the number of speakers appropriate for the time allocation? Are developments from across various regions of the world represented?

•**Interactivity** (25%): Is the plan to ensure active attendee participation well-articulated? Interaction between the speakers and the attendees is crucial to a good Workshop, and it is what distinguishes them from the Technical Sessions. Such attendee participation must not be limited to short question and answer sessions at the end of each talk.

•**Interest to APMC attendees** (25%): Is this Workshop different from previous Workshops? Is it relevant to today's microwave engineers? Does the proposal contribute to the innovation of the APMC workshop program? Are outstanding new speakers microwave engineers involved in the workshop? Are emerging areas of interest to the microwave community among the proposed topics?

**To allow the workshop review committee to assess your proposal, please provide the following information:**

**WORKSHOP abstract (provide a succinct description in ~ 300 words)**

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**WORKSHOP justification (**Briefly describe the importance of this topic and its relevance to the microwave community**)**

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**Is this proposal endorsed by any Institutes?**      (Yes/No)

**if yes, provide the information:**

**partcipation plan (**Participation of attendees is an important aspect of workshops. Briefly describe your approach and plan to actively engage and involve attendees of the workshop)

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**Section 3: LIST OF SPEAKERS**

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| **1. Speaker's Name:** | **Confirmed (yes/no):** |
| **Affiliation:** | |
| **Presentation Title:** | |
| **Email:** | |
| **Brief Bio:** | |

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| **2. Speaker's Name:** | **Confirmed (yes/no):** |
| **Affiliation:** | |
| **Presentation Title:** | |
| **Email:** | |
| **Brief Bio:** | |

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| --- | --- |
| **3. Speaker's Name:** | **Confirmed (yes/no):** |
| **Affiliation:** | |
| **Presentation Title:** | |
| **Email:** | |
| **Brief Bio:** | |

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| --- | --- |
| **4. Speaker's Name:** | **Confirmed (yes/no):** |
| **Affiliation:** | |
| **Presentation Title:** | |
| **Email:** | |
| **Brief Bio:** | |

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| **5. Speaker's Name:** | **Confirmed (yes/no):** |
| **Affiliation:** | |
| **Presentation Title:** | |
| **Email:** | |
| **Brief Bio:** | |

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| **6. Speaker's Name:** | **Confirmed (yes/no):** |
| **Affiliation:** | |
| **Presentation Title:** | |
| **Email:** | |
| **Brief Bio:** | |

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| **7. Speaker's Name:** | **Confirmed (yes/no):** |
| **Affiliation:** | |
| **Presentation Title:** | |
| **Email:** | |
| **Brief Bio:** | |

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| **8. Speaker's Name:** | **Confirmed (yes/no):** |
| **Affiliation:** | |
| **Presentation Title:** | |
| **Email:** | |
| **Brief Bio:** | |
| **9. Speaker's Name:** | **Confirmed (yes/no):** |
| **Affiliation:** | |
| **Presentation Title:** | |
| **Email:** | |
| **Brief Bio:** | |

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| **10. Speaker's Name:** | **Confirmed (yes/no):** |
| **Affiliation:** | |
| **Presentation Title:** | |
| **Email:** | |
| **Brief Bio:** | |