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| **\*\*To be completed by session coordinator\*\*** |
| Session Title – INTEREST/ GENERAL  |  |
| Date |  |
| Time |  |
| Description for program booklet |  |
| Presenter(s) |  |
| Title(s) |  |
| Institution(s) |  |
| Phone |  |
| e-mail |  |
| Biographical Information (for introduction purposes)  |  |
| Moderator |  |
| Title |  |
| Institution |  |
| Other Comments |  |
| Equipment | A laptop computer and projector will be available in all rooms. Do you have other equipment needs? YES NOIf “YES” a member of the Site Committee will contact you. |

