**Presenter Information**

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| **Presenter name and title:** | |
| **Session subject** (health profession)**:** | |
| **Presenter’s contact information:** | |
| *Employer:* | |
| *Address:*  *City/State/Zip code:* |  |
| *Phone Number:* |  |
| *E-mail Address:* |  |
| **Presenter’s requests:** |  |
| *A/V equipment:* | |
| *Travel expenses:* |  |
| **Educational experience** (schools, degrees, and total years of schooling)**:** |
| **Please provide a brief explanation of your position including your daily activities and number of years in your current position.** | |
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