



RIC SPEAKER CONFIRMATION FORM

Session Information (Session Chair or Coordinator to Complete):

Session Date <input type="text"/>	Time of Session (7:00, etc.) <input type="text"/> : <input type="text"/> : <input type="text"/>	Session Number <input type="text"/>
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Session Title

Name of Session Chair <input type="text"/>	Phone Number of Session Chair <input type="text"/>	E-mail Address of Session Chair <input type="text"/>
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Name of Session Coordinator <input type="text"/>	Phone Number of Session Coordinator <input type="text"/>	E-mail Address of Session Coordinator <input type="text"/>
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Speaker Confirmation Information (Speaker to Complete):

Please TYPE or PRINT the requested information below. Please refrain from using abbreviations and ensure that acronyms are spelled out. Applicable information will be used for the purpose of populating the online and printed conference program.

Speaker's Full Name <input type="text"/>	Speaker's Full Position Title <input type="text"/>	Speaker's Organization Name <input type="text"/>
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Speaker's Business Mailing Address (City, State & Zip code) <input type="text"/>	Speaker's Business Telephone Number <input type="text"/>	Speaker's Business E-mail Address <input type="text"/>
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Speaker Presentation Information (Speaker to Complete):

Proposed Presentation Title

Speaker Biographical Information (Speaker to Complete):

Please provide a short biography in narrative form below. The information will be used for introductions at the conference and will be posted on the RIC public website.

Date Submitted:
(MM/DD/YYYY)

Please save form and submit via e-mail to: RICMST.Resource@nrc.gov