



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 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 on-line 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