

RIC SPEAKER CONFIRMATION FORM

Session Information (Session Chair or Coordinator to Complete):						
Session Date Tim		e of Session (7:00, etc.)		Session Number	er	
Session Title						
ame of Session Chair Phone Numl		ber of Session Chair		Email Address of Session Chair		
Name of Session Coordinator	Phone Number of Session Coordinator			Email Address of Session Coordinator		
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		Speaker's Full Position Title			Speaker's Organization Name	
Speaker's Business Mailing Addre	ite & Zip code)	Speaker's B	usiness Telephon	e Number	Speaker's Business Email Address	
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.						

Please save form and submit by uploading to the RIC Tool at: https://tsdest.ric.nrc.gov

Instructions to Coordinators:

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