ASNT Speaker Information Form

Please print or type information. An attached business card is acceptable for speaker information.

Speaker name _____

Company name _____

Address _____

City/State/Zip _____

Work phone _____ Fax _____

E-mail address _____

Please check all that apply.

____ I will submit an abstract/paper summary for the conference.

____ I will not submit an abstract/paper summary for the conference.

____ I will not present a paper at the conference.

____ I am a replacement speaker for:

_____

Day/Time of Presentation _____

Session Title _____

Original Paper Title _____

Title has changed to _____

Co-Speaker and Co-Author names and company affiliation, city and state. **List names in the order they should appear in the program.**

Co-Speaker only _____

_____

Co-Authors _____

Name for Certificate

Print your name exactly as you want it to appear on your certificate:

_____

Audio Visual Needs

ASNT will provide the standard equipment listed below. If you need additional equipment, please list below under Special Requests.

Standard A/V

- LCD Projector
  (Speaker must bring their own laptop computer)
- Microphone
- Laser Pointer

Special Requests

_____

_____

_____

Additional requests made onsite are subject to availability and may be at the cost of the speaker.

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Speaker Name:

_____

Introduction — Please print clearly or type

In the space provided below, please print exactly how you would like your session chair to introduce you and your paper.

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please Return form to ASNT

Mail form to:

ASNT Conference Department
Jacquie Giunta
1711 Arlingate Lane, PO Box 28518
Columbus, OH 43228-0518

Fax form to:

614.274.6899

E-mail address:

jgiunta@asnt.org