SPECIAL TOPIC RESEARCH SYMPOSIUM/SESSION SUBMISSION FORM

CONTACT INFORMATION
Organizer/Chair Name: ___________________________ Email: ___________________________
Work Phone Number: ___________________________ Cell Phone Number: ___________________________

SUBMISSION INFORMATION
Symposium Title: _______________________________________________________________________
Co-Chairs (If applicable): _______________________________________________________________________
Submission Format (Select all that apply):
q Oral Presentations  q Poster Presentations  q Panel Discussion
q Other: _______________________________________________________________________
Session Length (90 minute minimum): ___________ # of Presenters/Participants: ___________
Requested Date/s: ___________________________ Requested Time/s: ___________________________
Audio/Visual Requirements (Select all that apply):
q Podium/Mic  q PowerPoint  q Internet  q Transparency Projector  q Slide Projector  q DVD/VHS
q Other: _______________________________________________________________________
Do you want to have your symposium judged for presentation awards?
(Must follow same format guidelines as general sessions = 20 minute oral presentations or a poster presentation.)
q Yes  q No
Do you want us to secure a student volunteer to help manage the session on the day of the event?
(If no, the organizer/chair will be responsible for monitoring the participants’ time during the session and interacting with the colloquium judges, if applicable)
q Yes  q No

REQUIRED ATTACHMENTS
q Symposium Abstract (250 – 500 words): Submit in separate word document for conference program
q Symposium Agenda: Submit a complete list of your participating speakers and their individual titles in the order you wish them to present with the amount of time each will be presenting in a separate word document. Sample agendas are attached to help with formatting and timing.