

PANEL LEADER'S SPEAKER CONFIRMATION RECORD

FACILITY: _____

DAY: _____

DATE: _____

TIME: _____

PANEL LEADER: _____

PANEL LEADER'S PHONE: _____

THE FOLLOWING SPEAKERS HAVE BEEN CONFIRMED TO SPEAK ON YOUR PANEL:

SPEAKERS

NAME

HOME PHONE

WORK PHONE

_____	_____	_____
_____	_____	_____
_____	_____	_____

THIS FORM IS TO BE RETURNED TO PANEL LEADER

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