

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

PHONE NUMBER

THIS FORM IS TO BE RETURNED TO PANEL LEADER

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