



- 1) Name (include title): _____
Institution /Organization: _____
Address: _____
Daytime or Cell Phone: _____
Email: _____

2) Name (include title): _____
Institution /Organization: _____
Address: _____
Daytime or Cell Phone: _____
Email: _____

3) Name (include title): _____
Institution /Organization: _____
Address: _____
Daytime or Cell Phone: _____
Email: _____

9. **Preferred Day** (Thursday sessions are 75 minutes and Friday sessions are 50 minutes). We will attempt to accommodate your preferred day.

_____ Wednesday, September 25
_____ Thursday, September 26
_____ Either Wednesday or Thursday

10. **Length of Presentation:** Sessions will be 50 minutes on Wednesday and 75 minutes on Thursday. Individual presenters requiring less time will be combined with others with similar topics. Fifteen minutes for Questions and Answers and discussion will be allotted at the end of each session.

_____ 15-20 mins. _____ 25-30 mins. _____ 60 mins _____ flexible

11. **Biosketch of presenter(s):** (for introductions and networking purposes, if accepted, this will be listed in the Conference program)

12. **Audio/Visual Equipment Needs:** please circle all equipment needed: laptop, projector, DVD player, other? ADA Needs?: _____

Email your completed form **by June 17, 2019** to: LatComsConf@wcupa.edu, or mceballos@wcupa.edu.
