

Oral Presentation – Author's Bio Form

Presentation No. _____

Paper Title: _____

Speaker's Name: _____

Company/Gov't. Affiliation: _____

No. of Years with Company: _____

Job Title/Position: _____

Major Areas of Interest at Work: _____

Education (Schools, Degrees): _____

Please return this form by March 3rd, 2008 to:

Ralph Nadell
Palisades Convention Management.
411 Lafayette Street, Suite 201
New York, NY 10003
FAX (212) 460-5460
Rnadell@pcm411.com