Friday, October 27, 2006
Skodnek Business Development Center, Room 246

Speaker Application

Name: ________________________________________________________________

Email:_________________________________

Department:____________________________

Presentation Title:_______________________________________________________
_______________________________________________________________________

Brief abstract: (100 words max – attach separate sheet)

Choose one presentation format: Oral ____, Poster ____ , Either ____

What equipment do you require? PowerPoint ____ , Whiteboard ____ ,

Overhead ____ , Other (describe)________________________________________

Speaker Session Availability:
9:00 – 10:30       Session 1
11:00 – 12:30      Session 2
1:30 – 3:00        Session 3
3:30 – 5:00        Session 4

1. Which sessions would you prefer to speak in? List first, second, third choices.

2. Which sessions are impossible for you to speak in due to schedule conflicts?

Return completed form with abstract to:
Dr. Laura Vallier
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130 Gittleson Hall
email: biolgy@hofstra.edu