

Presenter's Credentials:

Name of Second Presenter: _____ Chapter: _____

Chapter President: ____ Yes ____ No Email: _____

Second Presenter's Credentials:

Name of a member from your chapter who would facilitate your session. (Collect sign-in sheets & introduce)

_____ Email: _____

Consider this session for CPE credit approval? ____ Yes ____ No

Please list any potential scheduling conflicts we must consider when scheduling your session:

IMPORTANT: For technology, please bring your own computer/laptop and appropriate cords, HDMI or USB, to connect to TSO projectors.

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FOR PPE COMMITTEE USE ONLY

Texas State Organization President's Signature: _____

Date: _____