



Session Idea Form

(Scan completed form and email to jkadish@diabetes.org)

Please complete one form for each suggested session.

Content Area: Pregnancy & Reproductive Health

Session Title: _____

Session Type:

- ☐ Symposium (3-5 speakers)
☐ Case Study (1-3 speakers)

- ☐ Current Issues (2 speakers)
☐ Interest group (2-4 person discussion panel)

Presentation Titles/Speakers:

(Include first name, last name, institution, and email address for each proposed speaker and alternate speaker)

1. **Presentation Title:** _____
Primary Speaker
First Name: _____ Last Name: _____
Institution: _____ Email: _____
Alternate Speaker
First Name: _____ Last Name: _____
Institution: _____ Email: _____
2. **Presentation Title:** _____
Primary Speaker
First Name: _____ Last Name: _____
Institution: _____ Email: _____
Alternate Speaker
First Name: _____ Last Name: _____
Institution: _____ Email: _____
3. **Presentation Title:** _____
Primary Speaker
First Name: _____ Last Name: _____
Institution: _____ Email: _____
Alternate Speaker
First Name: _____ Last Name: _____
Institution: _____ Email: _____
4. **Presentation Title:** _____
Primary Speaker
First Name: _____ Last Name: _____
Institution: _____ Email: _____
Alternate Speaker
First Name: _____ Last Name: _____
Institution: _____ Email: _____