

SESSION PROPOSAL FORM

ACT ANNUAL MEETING

Proposals must be submitted **by the Session Chairperson(s)** on this form to: Elisa Turner, eturner@actox.org
ACT Headquarters, 1821 Michael Faraday Drive, Suite 300, Reston, VA 20190

DATE: November 2014

A version of this form for word processing can be downloaded from the ACT website.

PLEASE MARK SESSION TYPE FOR WHICH YOU WOULD LIKE YOUR PROPOSAL CONSIDERED:

☐
☐

Continuing Education
Symposium

☐

The Great Debate!

SESSION TITLE:

Chairperson(s): *Please designate one chair and one co-chair (co-chair optional for CE).*

Name: _____
Professional Title: _____
Organization: _____
Complete Address: _____
Telephone: _____
Fax: _____
Email: _____

SPONSOR(S)*:

☐ \$5000 Full sponsorship ☐ \$2500 co-sponsorship

Point of contact at sponsoring company: _____
Address: _____
Phone number: _____
Email: _____

*Sponsors are considered companies who provide session-designated financial or travel support for speakers. Sponsorship is desirable, but not a requirement to have a session selected by the Program Committee for presentation at the Annual Meeting.

SESSION DESCRIPTION

Please provide an abstract (150–200 words) describing the content, significance of the topic, its timeliness and the intended audience. Clearly define the interest level of the topic to the broad range of the ACT membership (e.g., chemical industry, pharmaceuticals, consumer healthcare, etc.).

PARTICIPANTS:**Presentation #1**

Presentation Title: _____
Speaker Name: _____
Professional Title: _____
Organization: _____
Complete Address: _____
Telephone: _____
Fax: _____
Email: _____
Member: ☐ Nonmember: ☐ Nonmember Funding: ☐
Talk Description: _____

Presentation #2

Presentation Title: _____
Speaker Name: _____
Professional Title: _____
Organization: _____
Complete Address: _____
Telephone: _____
Fax: _____
Email: _____
Member: ☐ Nonmember: ☐ Nonmember Funding: ☐
Talk Description: _____

Presentation #3

Presentation Title: _____
Speaker Name: _____
Professional Title: _____
Organization: _____
Complete Address: _____
Telephone: _____
Fax: _____
Email: _____
Member: ☐ Nonmember: ☐ Nonmember Funding: ☐
Talk Description: _____

Presentation #4

Presentation Title: _____
Speaker Name: _____
Professional Title: _____
Organization: _____
Complete Address: _____
Telephone: _____
Fax: _____
Email: _____
Member: ☐ Nonmember: ☐ Nonmember Funding: ☐
Talk Description: _____

Presentation #5 (Optional)

Presentation Title: _____
Speaker Name: _____
Professional Title: _____
Organization: _____
Complete Address: _____
Telephone: _____
Fax: _____
Email: _____
Member: ☐ Nonmember: ☐ Nonmember Funding: ☐
Talk Description: _____

KEY WORDS

List key words that best describe the topic(s) of the session proposal:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |