

## SNUG 2017 - Session Proposal

Complete this form to submit information on your proposed presentation. Asterisk (\*) items are required.

**Date:** \_\_\_\_\_ (Attach additional pages as needed)

**Session Proposal:** Provide a detailed description/outline of the content to be included in your session.

### Presentation Information

All sessions should be a minimum of 55 minutes. If your session requires more time please let us know in the comments section below. Each presentation will be scheduled to be delivered twice unless notified otherwise.

**Presentation Title:** This is the title as it will appear in the conference program.

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**Presentation Description:** This is the description as it will appear in the conference program.

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**Learning Objectives:** Complete the three sentences to identify three learning objectives for this presentation. Upon completing this session, attendees will be able to:

- 1.
- 2.
- 3.

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**Audience:** What is the most relevant audience for your presentation? (Select all that apply)

- Suite v4.0     Suite v4.5     Lab     Mic     Bank     Donor     LIS  
 Genetics     Total QC     Reports     AR     Other

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**Level of Instruction:** (Select the audience level for attendance to your session)

- Basic     Intermediate     Advanced

**Basic:** Entry level; no prior knowledge of subject necessary to attend this program.

**Intermediate:** Refresher course, some basic knowledge required.

**Advanced:** Highly technical; for those with at least five years of experience in a specialty area.

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**Comments:** (Please check the estimated session length if longer than 55 minutes)

- 1 Hour     2 Hour     Other
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## Primary Presenter Information

**Speaker:** List your name as it should appear in the program.

**First Name:**

**Last Name:**

**Company/Organization:**

**Email Address:**

**Job Title:**

**Credentials and professional affiliation:** List your credentials and professional affiliation as it should appear in the program.

*Note: The moderator or speaker will disclose to the audience any conflict of interest regarding the topic being presented.*

## Secondary Presenter Information

**Speaker:** List your name as it should appear in the program.

**First Name:**

**Last Name:**

**Company/Organization:**

**Email Address:**

**Job Title:**

**Credentials and professional affiliation:** List your credentials and professional affiliation as it should appear in the program.

*Note: The moderator or speaker will disclose to the audience any conflict of interest regarding the topic being presented.*

## Office Use Only



**P.A.C.E.® Provider:** SCC Soft Computer

**P.A.C.E. Program Number:**

**Contract Hours:**

**Format:** Lecture with slides