The ASCR’s 19th Convention　Panel Session Proposal Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organizer | (Name) | | (Affiliation) | |
| (Position) | | (E-mail) | |
| Panel title |  | | | |
| Date | (choose a preferred date only when the panel includes a member or members who need childcare) Saturday or Sunday | | | |
| Panel abstract  (max. 200 words) |  | | | |
| Speaker  (1) | (Name) | (Affiliation) | | (Position) |
| (Paper title) | | | |
| (Paper abstract / max. 200 words) | | | |
| (Equipment) | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Speaker  (2) | (Name) | (Affiliation) | (Position) |
| (Paper title) | | |
| (Paper abstract / max. 200 words) | | |
| (Equipment) | | |
| Speaker  (3) | (Name) | (Affiliation) | (Position) |
| (Paper title) | | |
| (Paper abstract / max. 200 words) | | |
| (Equipment) | | |
| Commentator | (Name) | (Affiliation) | |
| Chairperson | (Name) | (Affiliation) | |