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) |