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| --- | --- | --- |
| Organizer | (Name) | (Affiliation) |
| (Position) | (E-mail Address) |
| Title |  |
| Proposal (200 words) |  |
| Speaker(s)(Name,Affiliation,Position, E-mail Address) |  |
| Date | (choose a preferred date only when the speaker needs childcare) Saturday or Sunday |

The ASCR’s 19th Convention　Workshop Proposal Form