

Speaker Bio Form

Please complete this form. This will assist your Session Chair in introducing you properly.

Name as you wish it to be presented:

Company/Institution:

Location:

Job Title:

Degrees/Licenses/Certifications Held:

Other pertinent information you would like to be given:

Please return this completed form to:

Andrea Wherry
awherry@dce.ufl.edu
Or Fax to (352) 392-5437

Thank you