

**PANEL LEADER'S SPEAKER CONFIRMATION RECORD**

FACILITY: \_\_\_\_\_

DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PANEL LEADER: \_\_\_\_\_ PANEL LEADER'S PHONE: \_\_\_\_\_

THE FOLLOWING SPEAKERS HAVE BEEN CONFIRMED TO SPEAK ON YOUR PANEL:

**SPEAKERS**

NAME	PHONE
1. _____	_____
2. _____	_____
3. _____	_____

THIS FORM TO BE Remain on table for PANEL LEADER

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