

9.0 Presenter Information Form –Attachment 1

Fax to the Presenter Co-Coordinator Fax 02 9410 2356

9.1 NAME : (First) _____ (Last) _____

9.2 ADDRESS: _____

9.3 PHONE (W) _____ (M) _____

9.4 EMAIL:
(E) _____ @ _____

9.5 TOPIC AREA(S):

9.6 YOUR CREDENTIALS & EXPERTISE IN THIS TOPIC AREA(S):

9.7 IS THE PRESENTATION MATERIAL ALREADY PREPARED: Yes / No

9.8 IF NO, WHEN WOULD IT BE AVAILABLE FOR REVIEW? _____

9.9 ARE THE IMAGES IN THIS PRESENTATION MATERIAL YOUR OWN? Yes / No

9.10 DO YOU BELIEVE THE PRESENTATION IS FOR FORMAL / INFORMAL CE?: _____

9.11 REFERENCES:
Name _____
Phone : _____ Email: _____

NOTE: "AGREEMENT FOR THE SUPPLY OF SERVICE" CAN BE PROVIDED AS REQUESTED