



Program Committee “Call for Program Presentations”

(Please print or type information)

Contact Information of NABE member submitting the presentation

Name: _____ Title: _____
Association: _____ Bar Size: _____
Phone: _____ Email: _____

NABE Membership Entity

Section: _____

Committee: _____

Forum: _____

Suggested Program

Program Topic: _____

Brief Program Description: _____

Program Format: plenary track

Speakers

Is it anticipated that this program will use an outside speaker?: yes no

Suggested Speaker(s): _____

If you will use an outside speaker, will the speaker require any of the following?:

Honorarium \$ _____ Room Accommodations Travel Reimbursement
(indicate anticipated amount)

Which NABE meeting for this program (check all that apply)

Midyear Annual Other:

Please return to: Nora Warens, ABA Division for Bar Services, 16th Floor, 321 N. Clark Street, Chicago, IL 60654, Fax: 312/988-5492
nora.warens@americanbar.org