

ORAL SESSION CHAIR REPORT

**Please return the completed form to the Publications Office
following your session or no later than Friday, June 21, 12:00 noon.**

Oral Session ID and Name:

Oral Session Date and Time:

Location:

Submitting Oral Session Chair Name(s):

Oral Session Attendance: (approximate # of attendees in session room)

Oral Number	Oral Presentation Title	Speaker	No-Show	Withdrawn	Notes/Comments
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Speaker at Conference: Provide the name of the person who presented.

No-Show: If a presentation was not given, please indicate this by placing a ✓ in the appropriate box.

Withdrawn: If the author informs you that he/she will not be presenting or you have been informed otherwise, please indicate that the presentation was withdrawn by placing a ✓ in the appropriate box. Please also add any comments/notes you may have, e.g. per author/co-author – xxx (name).

Notes/Comments: Please note here withdrawal notes, if an author arrived late or a switch was made or note any other comments you may want to share with the conference organizers/publication staff.

Oral Session Chair Signature: _____