Presenter's Name:

Session Title:

Proposal Number: **Room Number:**

Day: **Time:**

Please indicate if you need chemicals provided for your session:

☐ **Yes** ☐ **No**

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Flinn Catalog #	**Description** *(detailed descriptions will help us order accurately)*	**Size**	**Qty:**

If you have any questions about this form, please email Jake.Hadden@ChemEd2019.com