

2025 Ainsworth Connector Convention Presentation Proposal Form

Presentation Title:
Summary:
Full Description:
Workshop Materials:
Special Support Requirements:

Clinician Information (only b	oio will be	e public, all other info	rmation is kept private
Biography:			
Email:	Phone (p	orimary):	Phone (backup):
City, State/Province:			
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Permission to Post Your Presenta	auon:	Yes No	
		110	

Please print and mail in completed form to:

ATTN: 2025 Convention Committee 5th Division, PNR, NMRA P.O. Box 3065 Spokane, WA 99220