



Annual Meeting Presentation Call for Abstracts Form



1. Presentation Title

2. Presentation Description

3. Presentation Abstract

4. Presentation Length (Check one)

- 30 minutes
 45 minutes
 60 minutes



Annual Meeting Presentation Call for Abstracts Form



5. Presenter Contact Information

Name and Credentials		
SCHC Member? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position/Job Title		
Company		
Address		
City:	State:	Zip:
Country:	Phone:	Email:
Biography as it will appear in the brochure		

6. Second Presenter (if applicable)

Name and Credentials		
SCHC Member? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position/Job Title		
Company		
Address		
City:	State:	Zip:
Country:	Phone:	Email:
Biography as it will appear in the brochure		

7. Please send to program@schc.org

YOUR PROPOSAL WILL NOT BE ACCEPTED IF ANY OF THE ABOVE POINTS IS MISSING.