

Annual Meeting and Conference NOVEMBER 16-18, 2016 MEMPHIS, TN

Preliminary Session Outline

Session Title:	
Short Description of Session:	
Presenter 1 Name/Title:	
Institution:	
Email/Phone:	
Presenter 2 Name/ Title:	
Institution:	
Email/Phone:	
Presenter 3 Name/Title:	
Institution:	
Email/Phone:	
Specific Equipment Needs:	
Chair/Danadar Narra	
Chair/Recorder Name:	
Title:	
Institution:	

Please return completed form by Monday, September 12, 2016 to: Avery Swinson, President-Elect Fax: 423-585-6786

Email: avery.swinson@ws.edu



Mail: **Avery Swinson** Walters State Community College 500 S. Davy Crockett Parkway Morristown, TN 37813