

## **SPEAKER DIRECTORY/CONTACT INFORMATION FORM**

**Please provide full contact information**

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Web Site \_\_\_\_\_

Session # (example: A101) \_\_\_\_\_

Title of Presentation \_\_\_\_\_

**PLEASE RETURN BY FEBRUARY 15, 2007 TO:**

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