

2010 APS PROGRAM COMMITTEE

SESSION REQUEST FORM

Use this form as a reference for content that is needed for the online Sessions Request Form. **Do not submit this form. All requests must be submitted online by September 1, 2009 at**

<https://www.multisoftevents.com/APS10/Login.aspx>

** indicates required information*

***Session Title:**

***Type of Session (Choose One):** Field Trip __, Roundup __, Short Course __, Symposium __, or Workshop __

Note: *Workshop, Field Trip, and Short Course should be fee-associated to cover costs. No funds are provided for these from program funds.*

***When will this occur** (e.g. pre-meeting, meeting, and post-meeting): _____

***Brief Description:**

***Subject Matter Section (Select One):**

- | | |
|---|--|
| <input type="checkbox"/> Biology of Pathogens | <input type="checkbox"/> Diseases of Plants |
| <input type="checkbox"/> Epidemiology/Ecology/Environmental Biology | <input type="checkbox"/> Molecular/Cellular/Plant Microbe Interactions |
| <input type="checkbox"/> Plant Disease Management | <input type="checkbox"/> Professionalism/Outreach |

APS Sponsoring Committee:

APS Co-Sponsor(s):

Attendance Estimate: _____ **Time Required:** _____

(Shorter sessions, 2 or 2-1/2 hours, are encouraged; presentations are 15- or 30-minute increments.

Regarding field trip, short course, or workshop indicate other, such as '1-day', '2-day', or '4 hours'.)

Funding Requested (estimate): \$ _____

Note: Funding is limited and will not be sufficient to cover the expenses of all special session presenters. All funding requests are subject to the approval of the program chair. **Funding is not provided to APS member speakers.**

What is funding for:

Special Requests:

Chairperson of Sponsoring Committee, First Name:

Last Name:

Company/Institute:

Address:

Phone: _____

E-mail: _____

Session Organizer *(If different from above, all correspondence sent to Organizer's of session.)*

***First Name:**

***Last Name:**

***Company/Institute:**

Address:

Phone: _____

***E-mail:** _____

Potential Titles/Speakers:

Title: _____ **Speaker(s):**

Title: _____ **Speaker(s):**

Title: _____ **Speaker(s):**

Title: _____ **Speaker(s):**

Please list the Companies from which you may request special funding and the amount you anticipate asking for:

QUESTIONS? CONTACT - JOHN SHERWOOD, 2010 PROGRAM CHAIR

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