

## PANEL SPEAKER SIGN UP FORM

Facility: \_\_\_\_\_

Day: \_\_\_\_\_ Date : \_\_\_\_\_ Time: \_\_\_\_\_

Panel Leader Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Sobriety time required:  6 months  12 months

Clearance required:  NO /  YES Clearance type: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

*The Following Speakers Are Confirmed to Speak on Your Panel:*

### **SPEAKERS NAME (First & Last) PHONE NUMBER**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**THIS FORM IS TO REMAIN ON THE TABLE FOR PANEL LEADER**

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