

**Taking It To The Streets 2016**  
Pacific Coast Region NMRA Convention  
April 20 – 24, 2016, Modesto, CA

**Clinic Presenter Information Sheet**

**Name** \_\_\_\_\_  
(as you would like it to appear in our program)

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Clinic/Oral History Title** \_\_\_\_\_

**Clinic/Oral History Description** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A-V Needs:** Digital Projector \_\_\_\_\_ Slide Projector \_\_\_\_\_ White Board \_\_\_\_\_ Other \_\_\_\_\_

**Room Set-up:** Theater style \_\_\_\_\_ Classroom (tables) \_\_\_\_\_ Other \_\_\_\_\_

**Clinic Schedule Preferences** (Please indicate when you would be available to present your clinic(s) by indicating "A" for times you think you would be available and "N" for times you will be unavailable.)

	Wednesday Afternoon 5/13 _____	Wednesday Evening 5/13 _____
Thursday Morning 5/14 _____	Thursday Afternoon 5/14 _____	Thursday Evening 5/14 _____
Friday Morning 5/15 _____	Friday Afternoon 5/15 _____	Friday Evening 5/15 _____
Saturday Morning 5/16 _____	Saturday Afternoon 5/16 _____	

Thank you for agreeing to participate in our convention.

Please return this completed form to:  
Mary Moore-Campagna 1915 William Dr., Penngrove, CA 94951  
or e-mail to [mod2016clinics@pcrnmra.org](mailto:mod2016clinics@pcrnmra.org)