

# Daylight Express

2017 Pacific Coast Region - NMRA Convention  
Bakersfield, CA, April 19 – 23, 2017

## Clinic Presenter Information Sheet

**Name** \_\_\_\_\_  
(As it should appear in our program)

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

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

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

**Email 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 4/19 _____	Wednesday Evening 4/19 _____
Thursday Morning 4/20 _____	Thursday Afternoon 4/20 _____	Thursday Evening 4/20 _____
Friday Morning 4/21 _____	Friday Afternoon 4/21 _____	Friday Evening 4/21 _____
Saturday Morning 4/22 _____	Saturday Afternoon 4/22 _____	

Thank you for agreeing to participate in our convention.

Please return this completed form to:  
Bruce Morden, 3218 Serena Ave, Carpinteria, CA 93013-3036  
or email to [DX2016clinics@pcrnma.org](mailto:DX2016clinics@pcrnma.org)  
Phone: (805) 684-8077