

SPEAKER INFORMATION			
First Name	Last Name		
Title	Organization		
Email	Web Address		
Address	City	State	Zip
Work Phone	Cell Phone		
PRESENTATION			
Session Topic: Please list topics of interest to you along with a brief description of the topic.			
1.			
2.			
3.			
Level of Participation: Please indicate how you would like to participate:			
Moderator Presenter			
Additional Information: Please provide a brief description of your practice, your areas of expertise in the alcoholic beverage industry and any other information that you think the planning committee should consider.			
Biography: Please attach your biography that NCSLA may use in published conference materials.			