

**2018 ASPEN Nutrition Science and Practice Conference**

**Session Outline Form**

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| **Form submitted by:** | Telephone #: |
| **Person responsible for coordinating session:** | |
| **Session Title:** | |
| Date/Time of Session: | |

**ACCME Requirement:** ❑ Resolved conflict & sent information to ASPEN for each speaker

**Session Type:** ❑ Symposium ❑ Breakout ❑ Preconference Course ❑ Lab ❑ Roundtable

**Session Level (mark with x)** ❑ Basic ❑ Intermediate ❑ Advanced

**Program description:**

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**Learning Objectives:** *(3-4 for symposia and workshops; 1-2 for roundtables)*



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| ***Please be sure to include all bolded information. This information will be used for the registration brochure*** *(ex. John Doe, MS, RD, Chief Dietitian, Nutrition Services, J.Doe Memorial Hospital, Silver Spring, MD)***, *email communications regarding session planning, and mailing of honoraria. It is pertinent that this information is provided to the ASPEN staff, even if someone believes it is already on file.***  *Session Moderator* | | |
| **Name & Credentials:** | | |
| **Title, Department, Institution:** | | |
| **Address:** | | |
| **City, State, Zip:** |  | Phone#: |
| **Email:** | | **Honoraria:** $ |
| Assistant Name: Email: | | Phone#: |

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| *Speaker 1* | | |
| **Talk Title:** | | |
| **Name & Credentials** | | |
| **Title, Department, Institution:** | | |
| **Address:** | | |
| **City, State, Zip:** |  | Phone#: |
| **Email:** | | **Honoraria:** $ |
| Assistant Name: Email: | | Phone#: |

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| *Speaker 2* | | |
| **Talk Title:** | | |
| **Name & Credentials:** | | |
| **Title, Department, Institution:** | | |
| **Address:** | | |
| **City, State, Zip:** |  | Phone#: |
| **Email:** | | **Honoraria:** $ |

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| Assistant Name: | Email: | Phone#: |

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| *Speaker 3* | | |
| **Talk Title:** | | |
| **Name & Credentials:** | | |
| **Title, Department, Institution:** | | |
| **Address:** | | |
| **City, State, Zip** |  | Phone#: |
| **Email:** | | **Honoraria:** $ |

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| Assistant Name: | Email: | Phone#: |

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| *Speaker 4* | | |
| **Talk Title:** | | |
| **Name & Credentials:** | | |
| **Title, Department, Institution:** | | |
| **Address:** | | |
| **City, State, Zip** |  | Phone#: |
| **Email:** | | **Honoraria:** $ |

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| --- | --- | --- |
| Assistant Name: | Email: | Phone#: |

**Additional Notes**

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| **Please include lengths for each talk – Please allow for a minimum of 15 minutes for Q&A** |
| Speaker 1: \_\_\_ Minutes |
| Speaker 2: \_\_\_ Minutes |
| Speaker 3: \_\_\_ Minutes |
| Speaker 4: \_\_\_ Minutes |