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Program or Event Name: STP 45th Annual Symposium

Program/Presentation Date: \_\_\_\_\_

Session or Course Title: \_\_\_\_\_

Presentation Title: \_\_\_\_\_

Presenter/Speaker Signature: \_\_\_\_\_

Presenter/Speaker Printed Name: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Please return the fully executed form to [stp@toxpath.org](mailto:stp@toxpath.org) or by fax to 703-438-7508.