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- 9) I agree to notify the STP's Program chair or designated STP representative immediately in the event of an emergency or other reasonably unforeseeable occurrence that will prevent or delay me from meeting my obligations as a presenter. I agree that in such event I will work cooperatively and in good faith with STP and the Program chair to identify a comparable and qualified subject matter substitute presenter.
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Program or Event Name: \_\_\_\_\_

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.