

PANEL LEADER'S SPEAKER CONFIRMATION RECORD

Facility: _____

Day: _____ Date : _____ Time: _____

Panel Leader Name: _____ Phone: _____

Sobriety time required: **6 months** **12 months**

Clearance required: **YES / NO** Clearance type: _____

SPECIAL INSTRUCTIONS: _____

The Following Speakers Are Confirmed to Speak on Your Panel:

SPEAKERS NAME (First & Last)	PHONE NUMBER
1. _____	_____
2. _____	_____
3. _____	_____

THIS FORM IS TO REMAIN ON THE TABLE FOR PANEL LEADER

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