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SESSION TITLE:		
Person Submitting Form:	email:	
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Address: Street: City/State/Zip: (For additional clinicians or panelists, please attach an additional sheet)		
Check if session includes a performing group?		
Number of Performers: Director		Phone:
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Please email your electronically completed form to:

Mark Lochstampfor, TI:ME Conference Chair

□ Woodwind

□ Marching Band

marklochstampfor@icloud.com

Handwritten or scanned session requests will not be accepted