



**NCSL INTERNATIONAL**  
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# NCSLI REGION MEETING SPEAKER | PRESENTER REGISTRATION FORM

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## SPEAKER | PRESENTER

|                            |                             |
|----------------------------|-----------------------------|
| First Name: _____          | State / Province: _____     |
| Last Name: _____           | Zip+4 / Postal Code: _____  |
| Job Title: _____           | Country (if not USA): _____ |
| Organization: _____        | Telephone No.: _____        |
| Dept. / Div. / Lab.: _____ | Fax No.: _____              |
| Address: _____             | Email: _____                |
| City: _____                |                             |

Are you an NCSLI Member? YES  NO

## NCSLI REGION MEETING YOU WILL BE PRESENTING OR ATTENDING

### TITLE OF PRESENTATION

### Abstract (150-350 words)