Frederick National Laboratory for Cancer Research

F.07.003

Lecture/Oral Presentation Notification

Please type or print information clearly

In accordance with Frederick National Laboratory for Cancer Research contractual requirements, the following information must be provided for those employees invited to lecture or participate in informal presentations not resulting in published proceedings (i.e., university/college lectures, community organizations). Please forward the completed form to the Frederick National Laboratory for Cancer Research, President and NCI at Frederick Office of the Director.

Submitter's Information			
1. First Name	2. Last Name	3. Title	4. Program/Laboratory
5. Signature			6. Date
Presentation Information			
7. Date of the Presentation:			
8. Presenter(s):			
9. Program/Laboratory:			
10. Subject:			
11. Name of Meeting or Group:			
12. Location of Presentation:			
	Appr	oval Information	
Laboratory Head Approval			
13. First Name		14. Last Name	
15. Signature		'	16. Date
Program Director Approval			
17. First Name		18. Last Name	
19. Signature			20. Date
Program Area Key Staff Approve	al		I
21. First Name		22. Last Name	
23. Signature			24. Date

905 4/2014 Page 1 of 2

F.07.003

Lecture/Oral Presentation Notification – Instructions

- 1. Submitter's first name
- 2. Submitter's last name
- 3. Submitter's title
- 4. Submitter's program/laboratory
- 5. Submitter's signature
- 6. Date signed by the submitter
- 7. Date of the presentation
- 8. First and last names of each presenter
- 9. Program/laboratory of each presenter
- 10. A brief description of the material being presented
- 11. The name of the meeting or group where the presentation is being made
- 12. Location of the lecture/oral presentation
- 13. Laboratory head's first name
- 14. Laboratory head's last name
- 15. Laboratory head's signature
- 16. Date signed by the laboratory head
- 17. Program director's first name
- 18. Program director's last name
- 19. Program director's signature
- 20. Date signed by the program director
- 21. Program area's key staff member's first name
- 22. Program area's key staff member's last name
- 23. Program area's key staff member's signature
- 24. Date signed by the program area's key staff member

905 4/2014 Page 2 of 2