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| **Specialist Session Request Form JANNAF 72nd JPM / PIB / 53rd CS / 41st APS**  **41st EPSS / 35th ESHS / 19th MSS / 15th LPS / 14th SPS**  **Joint Subcommittee Meeting** | | |
| This form is necessary to hold a specialist session at this meeting; please fill out all the required information and submit to your JHU WSE ERG technical representative or to the JANNAF Meeting Planning Team at [meetings@erg.jhu.edu](mailto:meetings@erg.jhu.edu).  Specialist sessions must be approved in order to be included in the JANNAF meeting Final Program; this form is the first step in the approval process.  **Specialist session requests, *including* Draft Agenda, must be received by the abstract submission deadline, 27 June 2025.** | | |
| **\* Required fields marked with an asterisk** | | |
| Session Title:**\*** | | |
| Submitted for consideration by: | Phone: | Email: |
| JANNAF Subcommittee: LPS  SPS | | |
| Proposed Day of Week:  Monday  Tuesday  Wednesday  Thursday  Friday  ***Please Note:*** *Options are limited so preference cannot be guaranteed.* | | |
| Proposed Length, including breaks:  4 hours  8 hours  2 Day Other: | | |
| Do you Plan to Require Papers?  Yes  No | | |
| **Session Chair\*** | | |
| Title:  Dr.  Mr.  Ms.  Other | | |
| Name: | Organization: | |
| Work Address: | | |
| City: | State: | ZIP Code: |
| Daytime Phone: | Email: | |
| **Session Co-Chair (if applicable)** | | |
| Title:  Dr.  Mr.  Ms.  Other | | |
| Name: | Organization: | |
| Work Address: | | |
| City: | State: | ZIP Code: |
| Daytime Phone: | Email: | |
| **Background\*** | | |
| Please briefly describe the technical need for this specialist session. This description will form the introductory text for the session in the JANNAF meeting program.  Insert background here. Section will expand to accommodate your text. | | |

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| **Agenda\* Draft agenda must be included at time of initial request (due by 27 June 2025)** | | |
| **This form will be returned to the submitter if draft agenda is not included.** **For each agenda item include the presentation title, presenter’s name and email address, as well as an approximate presentation start time and length.** Each Invited Presenter is ***required*** to submit their Invited Presentation details via the new online Abstract Submittal site **no later than  15 August** for inclusion in the Preliminary Program, or by eight weeks prior to the meeting (date TBA) for inclusion in the Final Program. Forward the [Instructions for Submitting Invited Presentation Details](https://www.jannaf.org/sites/default/files/2025-04/How_to_Submit_Invited_Presentation_Details.pdf) to all invited presenters. Early submission is **strongly** recommended.  Insert your agenda, including approximate presentation start times and length, presentation titles, and author/presenter names here... Section will expand to accommodate your agenda. | | |
| **Expected Outcomes/Deliverables (Identify Office/Person Responsible)\*** | | |
|  | **Deliverables** | **Office/Person Responsible** |
| **Executive Summary for Proceedings** (Due 6 weeks after the JANNAF meeting, accompanied by a clearance form) | Yes  No |  |
| Presentations | Yes  No |  |
| JANNAF Papers | Yes  No |  |
| Presentation/Paper Clearances | Presenters  Chair |  |
| **Signatures of Approval\*** | | |
| **Approver** | **Name** | **Signature** |
| Technical Steering Group Chair |  |  |
| ERG Technical Liaison |  |  |

**Form Date 4/16/25**