



ACS Regional Meeting Half-Day Session Attendance Report Form

Dear Session Chair: Please complete this form for each half-day session for which you are responsible and return it to the MARM Operations Office, room MC-31. Your cooperation is appreciated as this information is necessary for the final meeting report and is also helpful to future symposia/session planning. Additional comments may be made on the back of the form.
Thank you.

Meeting: _____
Symposium Title: _____
Session Chair Name: _____
Email address and/or phone: _____

Session Chair Checklist: (Use one form per half day)

1. Indicate day of week and half day: Day _____ AM PM
2. Estimate the maximum number of attendees per paper and identify any scheduled papers not presented:

Paper #	# of Attendees
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List any unscheduled papers/authors presented:

Was room set-up adequate? Yes No (if no, explain)

Were audiovisual services adequate? Yes No (if no, explain)
