



Speaker Biography and Equipment Request Form

1. Paper

Paper No: _____

Paper Title: _____

2. Speaker

Mr. Ms. Dr. Prof. Others

Last Name: _____ First Name: _____

Current Position: _____

Affiliation/Organization: _____

Address (No, City/Town, State/Province, Zip Code, Country): _____

Phone: _____ Fax: _____ E-mail: _____

Research Area/Specialization: _____

3. Visual and Audio Equipment

Please specify visual & audio equipment required:

- Overhead Projector LCD Projector Slide Projector
 TV Monitor and Video Player Other (please specify)

Please send speaker biography and equipment request form by **January 15, 2016** to ICMBE & ICTTL 2016 conference's program chair at epxull@yahoo.com, icttl2016@yahoo.com.