

Recommendation for Best Presentation

Your Session Number: _____

Title: _____

Time (✓):	1/10 (Fri) <input type="checkbox"/> 14:00-15:30, <input type="checkbox"/> 16:00-17:30
	1/11 (Sat) <input type="checkbox"/> 11:00-12:30, <input type="checkbox"/> 14:00-15:30, <input type="checkbox"/> 16:00-17:30

Room (✓):	<input type="checkbox"/> H4, <input type="checkbox"/> H6, <input type="checkbox"/> H7, <input type="checkbox"/> H8, <input type="checkbox"/> H9
	<input type="checkbox"/> A01, <input type="checkbox"/> A02, <input type="checkbox"/> A03, <input type="checkbox"/> A04, <input type="checkbox"/> A05
	<input type="checkbox"/> B06, <input type="checkbox"/> B07, <input type="checkbox"/> B08, <input type="checkbox"/> B09, <input type="checkbox"/> B10, <input type="checkbox"/> B11
	<input type="checkbox"/> C13, <input type="checkbox"/> C14, <input type="checkbox"/> C15, <input type="checkbox"/> C16

Please give SHEET TWO to SGRA volunteer after the session ends.

Fill it in based on the combined evaluations from SHEET ONE.

Your Recommendation is:

BEST PRESENTER'S

Name: _____

AFC Submission No. (3 digits) : _____

Please choose only one person!