**SESSION PARTICIPATION FORM for the 2015 AAANZ Conference:**

***IMAGE | SPACE | BODY* 24-25th November 2015**

**Speaker’s name: AAANZ Membership Type and date\*:**

*\*For membership requirements, see the General Guidelines for Speakers on the cover page. For a membership application, call AAANZ office at +61 2 9036 7652; or email* [*admin@aaanz.info*](mailto:admin@aaanz.info)*; or visit* [*www.aaanz.info*](http://www.aaanz.info)

**Address:**

**Office/studio phone: Home/mobile:**

**Email: Fax:**

**Paper title:**

**It is essential that session the convenor(s) be appraised of all submissions. If you have submitted additional proposals to one or more session convenors, list them below:**

**Convenor(s):**

**Send this form, with an abstract of your paper or proposal, letter of interest, CV and supporting materials to session convenor(s).**

**Receipt deadline: 28th August 2015**