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 **Speaker Agreement Form**

 The University of Western Australia, Perth, 6-8 December

**By completing and signing this form you are agreeing to present a paper at the 2017 AAANZ Conference**

(Please use tab key to fill)

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| Paper title | PAPER TITLE |
| Session title | SESSION TITLE |
| Convenor/s | Convenor |

Your name and contact details:

|  |  |
| --- | --- |
| Salutation | Salutation |
| Full Name | Full Name |
| Affiliation | Affiliation |
| Address for Correspondence | Address |
| City  | CITY |
| State/Region | STATE/REGION |
| Postcode | Postcode |
| Country | COUNTRY |
| Email | email |
| Telephone/Mobile | Phone/Mobile |

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| --- | --- |
| AAANZ Membership number:Speakers are required to have a current AAANZ membership *\*For a membership application visit* [*www.aaanz.info*](http://www.aaanz.info) *or email* *admin@aaanz.info* | AAANZ Membership number |

I agree to present a 20 minute paper at the AAANZ Conference to be held at the University of Western Australia, 6-8 December 2017. I understand that I am making a commitment to attend the conference and to pay the appropriate registration and AAANZ membership fees.

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| Signature | Date       |

Please note - Session Convenors will contact all participants regarding audio-visual requirements once the Conference Program has been finalised.