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 **Participation Proposal Form**

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

Please complete and email this form to the Convenor of your selected session by **14 August 2017**. Convenor contact details are located with the session abstract. Session Convenors will notify all applicants of the outcome of their proposals by 21 August 2017.

PLEASE REVIEW THE SUBMISSION GUIDELINES BEFORE SUBMITTING THIS FORM

**Your name and contact details: *(Please use tab key to fill)***

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

**Speaker Abstract Details:**

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

|  |  |
| --- | --- |
| Abstract(maximum 400 words) | Abstract |
| Brief CV(maximum one page) | Brief CV |
| Biography(maximum 200 words) | BIO |