**Registration Form**

**Please, replace** 🞎  **with x where relevant**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | | | |
| **Title** | | Ms 🞎 | Mr 🞎 | | Dr 🞎 | Prof 🞎 | Prof Dr 🞎 |
| **Forename and Surname** | |  | | | | | |
| **Institution/Affiliation, Position** | |  | | | | | |
| **Contact address (street, number, town and postcode, country)** | |  | | | | | |
| **Telephone** |  | **Mobile** | |  | | | |
| **Fax number** |  | **E-mail address** | |  | | | |

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| **SESSION DETAILS** | |
| **Co-presenter(s)** (Please note that each co-presenter must submit a separate Speaker Proposal Form) |  |
| **Title** (max 10 words) |  |
| **Abstract** (This should accurately reflect the content of your presentation and should consist of max. 100 words.) |  |
| **Equipment required** | None 🞎 |
| Data projector (bringing own laptop) 🞎 |
| Computer and Data projector 🞎 |
| Internet connection 🞎 |