

PRESENTATION ABSTRACT ENTRY FORM



Abstract Title: *(as it is to appear in the Program if successful)*

Presenter 1: *(as it is to appear in the Program if successful)*

Title: _____ Given name: _____

Surname: _____

Position: _____

Company/Organisation: _____

Presenter 2: *(as it is to appear in the Program if successful)*

Title: _____ Given name: _____

Surname: _____

Position: _____

Company/Organisation: _____

Contact person: *(for future correspondence)*

Title: _____ Given name: _____

Surname: _____

Position: _____

Company/Organisation: _____

Postal Address: _____

Town/City: _____ State: _____ Postcode: _____

Business Phone: _____ Mobile: _____

Email: _____

Permission to Publish: - I hereby agree to my presentation being video recorded, synchronised to my PowerPoint presentation and placed on the Conference website. I understand that there is the opportunity to liaise with the recording contractor to amend any of my PowerPoint slides prior to publication.

I agree that no royalty is to be paid and that the Conference Committee may, at its discretion, include the original paper abstract in the Conference Handbook and the final paper and accompanying data presentation used by myself placed on the Conference website for general viewing and placing on the website of other industry bodies after first receiving my approval.

All this shaded section must be completed

Name: _____

Position: _____

Organisation: _____

Signature: _____

Date: _____

Please attach this Entry Form as a separate file with your Abstract and forward to:

Robert Seaman:

E: robertseaman@acclaimsemm.com.au

Conference Organiser

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