

INNOVATION ENTRY FORM



Innovation Title: (as it is to appear in the program and on the Award if successful)

Company/Organisation: (as it is to appear in the program and on the Award if successful)

Contact person: (for future correspondence)

Title: _____ Given name: _____ Surname: _____

Position: _____ Company/Organisation: _____

Postal Address: _____

Town/City: _____ State: _____ Postcode: _____

Business Phone: _____ Mobile: _____

Email: _____

Contact person: (for answering questions from the first Judging Panel - if not the same person listed above)

Title: _____ Given name: _____ Surname: _____

Mobile: _____ Email: _____

Presenter/s: The name of the Presenter/s will be asked for if you become a finalist.

Additional Information: To be considered eligible to enter the competition the intellectual property in your Innovation must be open source – this means that you must be willing to provide and share the intellectual property in the Innovation so that it can be used by others – free of charge.

Is the innovation free of intellectual property restrictions? (Please Tick) **Yes** **No**

Successful applicants in the Preliminary Judging Round **MUST AGREE** to register the Presenter/s as a Delegate/s to attend the Conference. **A concession on the Registration Fee is offered to one presenter for each submission.**

Permission to Publish: - I agree that no royalty is to be paid and that the Conference Committee may, at its discretion, include the Short Form Description of the Submission in the Conference Handbook and the Complete Submission and accompany data presentation placed on the Conference website for general viewing and for placement on the website of other industry bodies after first obtaining my approval.

I hereby agree to the presentation being video recorded, synchronised to the 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 the PowerPoint slides prior to publication.

All this shaded section must be completed

Name: _____

Position: _____

Organisation: _____

Signature: _____

Date: _____

Poster Display - We would be interested in taking up this complimentary option at the Conference.

(Please Tick) **Yes** **No**

Static Demonstration - We would be interested in taking up this complimentary option at the Conference.

(Please Tick) **Yes** **No**

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

Robert Seaman:

E: robertseaman@acclaimsemm.com.au

Conference Organiser

ACCLAIM Special Events and Meeting Management
23 Deerhurst Road, Brookfield, Queensland 4069

M: 0409 776 071

By providing the details requested on this Entry Form you are taken to have consented to the Queensland Mining Industry Health and Safety Conference Committee using the personal information herein to fulfil our obligations to you.
The contact's personal information will not be published in the Conference Handbook.