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**Abstract (250 Word Limit):**

**Proposed Parallel Session Title:**

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| **External Speaker Parallel Session Abstract Submission** |
| Name:  | Organisation/ Department:  |
| Contact Email:Contact Number:  |
| Do you have a preferred session length (including 10/15 mins question time)? | 30 Mins/45 Mins/No Preference |
| Do you have a preferred day of presentation? | Day 1/Day 2/No preference |
| If selected do you consent to your slides beingshared with delegates after the conference? | Yes/No |