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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 being  shared with delegates after the conference? | | Yes/No |