

**Abstract (250 Word Limit):**

**Proposed Parallel Session Title:**

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| **Government Departments - Parallel and Poster session Abstract Submission** | | |
| Name: | Department: | |
| Contact Email:  Contact Number: | | |
| Are you submitting an abstract for a parallel session or a poster presentation? (Delete as appropriate) | | Parallel/Poster |
| If you are submitting for Parallel sessions do you have a preferred session length (including 10/15 mins question time)? | | 30 Mins/45 Mins/  No Preference/ NA |
| If you are submitting for Parallel sessions do you have a preferred day of presentation? | | Day 1/Day 2/  No preference/NA |
| If selected do you consent to your slides being  shared with delegates after the conference? | | Yes/No |
| If selected how many people will be presenting at the conference | |  |

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| **Abstract (Max 1 page – including text and graphics):** |

**Proposed Poster Theme:**