

AHMC SYDNEY 2018

Call to Papers/Workshop Application Form

Contact Details

Title: . First Name: _____ Surname: _____
Position: _____
Organisation: _____
Postal Address: _____ Suburb: _____
State: _____ Postcode: _____ Country: _____
Email: _____
Telephone: _____ Fax: _____

Website: _____

Proposed Paper: Name of Paper: _____
Author/s: _____
Has this paper been presented before? Yes/ No
If Yes, when & where was it presented?

Has this paper been published before? Yes/ No
If Yes, when & where was it published?

Proposed Poster Presentation:

Proposed Workshop Workshop Title:

Workshop Objective:

Minimum number of participants: _____
Maximum number of participants: _____

Special Workshop Requirements: _____

Please forward to:
AHMC 2018 Organising Committee
Email: contact.ahansw@gmail.com