

22nd Annual Scientific Meeting of Australasian Sleep Association and Australasian Sleep Technologists Association

Christchurch Convention Centre, New Zealand
21st – 23rd October 2010

CALL FOR SYMPOSIA

The Conference Organisers are calling for suggestions for Symposia for the Annual Scientific Meeting in Christchurch, 2010. These symposia are of 1.5 hours duration.

Suggestions for Plenary Sessions (2 hours), which would be relevant to the breadth of the membership, are also requested.

The proposals must be submitted by 30 November 2009

It should be noted that only limited symposia will be accepted, and it may be desirable to merge two or more suggested symposia. Accepted symposia will replace the Special Interest Group Symposia held in previous years, so it is important that topics cover subjects of interest to specific or all SIGs.

Symposium Type:

- | | |
|---|--|
| <input type="checkbox"/> Chronobiology | <input type="checkbox"/> Respiratory (Upper Airway Physiology and Function) |
| <input type="checkbox"/> Insomnia and Sleep Health | <input type="checkbox"/> Sleep Technology and Measurement |
| <input type="checkbox"/> Neurology and Neurophysiology | <input type="checkbox"/> Plenary Session (relevant to breadth of membership) |
| <input type="checkbox"/> Paediatric | <input type="checkbox"/> Other |
| <input type="checkbox"/> Respiratory (Sleep and Breathing Clinical) | |

Session Title:

Target Audience:

Provide a description of the audience for which the presentation is intended

Learning Objectives:

List 3-4 learning objectives for this proposal

Scientific Content:

Describe the content that will be covered during the session, making its purpose clear.

Need:

Explain how this session will contribute positively to the Conference and the reason for the chosen format

Audiovisual:

Data projector and computer will be available for all sessions. Should you have special audiovisual requests please advise (these may not be granted)

Participants:

The following details must be given for **each** proposed participant

Full Name:	Affiliation:	Address:	E-mail:	Conflict of Interest:	Approached to participate?
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No

Proposed by:

Name:

E-mail address:

Date: