**Paper/Presentation Proposal Form**

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| **Author/s** |  |
| **Affiliation/s** |  |
| **Title of Paper** |  |
| **Abstract** (no more than 150 words) |  |
| **Preferred Session (if applicable)** |  |
|  |  |
| **Contact Name (if more than one author)** |  |
| **Contact Phone** |  |
| **Contact Email** |  |

Applications for papers/presentations must be submitted to **travellingstories2017@portarthur.org.au** by **14th August 2017**

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| **Date received** |  |
| **Forwarded to convenor** |  |
| **Reviewed by** |  |
| **Decision** |  |