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**Session Type**

🞏 Plenary 🞏 Symposium

**Area of Interest**

🞏 Chronobiology 🞏 Sleep and Breathing Epidemiology  
🞏 Dental Sleep 🞏 Sleep Measurement Technologies

🞏 Insomnia 🞏 Sleep Neuroscience

🞏 Paediatric 🞏 Sleep in Special Populations

🞏 Sleep and Breathing Clinical 🞏 Sleep Health

🞏 Sleep and Breathing Clinical - MAS 🞏 Upper Airway Physiology - structure and function

🞏 Sleep and Breathing Clinical - Surgery 🞏 Occupational Health, Safety and Performance

🞏 Other

**The ASA encourages diversity and all symposia should reflect gender, ethnic and age diversity which reflects the breadth of ASA membership**

**Session Title:**

**Target Audience:**

Provide a description of the audience for which the presentation is intended (max 200 words)

**Learning Objectives:**

List 3-4 learning objectives for this proposal (max 200 words)

**Scientific Content:**

Describe the content that will be covered during the session, making its purpose clear (max 500 words).

Remember that a plenary proposal must be of interest and relevance to the whole membership.

**Need:**

Explain how this session will contribute positively to the Conference and the reason for the chosen format (max 200 words)

**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. Please note – speakers do not have to be confirmed at time of submission to be considered.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Full Name:* | *Institution:* | *E-mail:* | *Conflict of Interest:* | *Agreed to participate?* |
|  |  |  | Yes / No | Yes / No |
|  |  |  | Yes / No | Yes / No |
|  |  |  | Yes / No | Yes / No |
|  |  |  | Yes / No | Yes / No |
|  |  |  | Yes / No | Yes / No |

**Are you applying for funding for one of your speakers? Yes / No**

If yes, please detail below who you wish to fund and the contribution they are likely make to the ASA/ASTA membership through their participation at this meeting (max 300 words)

**Proposed by:**

Name: E-mail address:

Contact telephone number: Date:

**Conflict of Interest Form (following page) MUST be filled in and submitted at the same time as this proposal.**

**DECLARATION OF CONFLICT OF INTEREST FOR SESSION PROPOSER**

The Association office will maintain a Conflicts of Interest Register for those who are proposing sessions. All members of the Conference Committee will be made aware of any conflicts of interest and the Conference Chair will be responsible for ensuring an open and transparent process.

Conflicts of interest may apply to the member personally and to the department in which members may work. It includes drug company sponsorship, consultancy and affiliations with the pharmaceutical industry, medical equipment and diagnostic industries, within the last three years

A real or apparent conflict of interest in the pharmaceutical and medical equipment and diagnostic industries is defined as:

* having a significant financial interest in a product or company directly or indirectly;
* being or having been an employee, or engaged in a consulting capacity (including medical advisory boards, expert testimony), of a company with financial interest;
* substantial research support provided;
* receiving sponsored attendance at national and international conferences.
* patents pending or granted.

Major sponsorship by the pharmaceutical or medical and diagnostic industries would not include sponsorship for giving lectures or the reasonable costs connected with them.

**Please complete this section even if you have no conflict of interest to report.**

**If this section is not completed, the Session Proposal will not be considered.**

SURNAME: …………………………………………… FIRST NAME:……………………………………. Title:……………..

Session proposer for Sleep DownUnder

|  |  |
| --- | --- |
| NAME OF COMPANY | NATURE AND DETAILS OF INTEREST |
|  |  |
|  |  |
|  |  |

Please state if your interest is limited to a particular product or group of products.

SIGNATURE: …………………………………………………. DATE: …………………………………..

**Please complete this application form and upload at the time of abstract submission.**