

**DETAILS OF PROPOSER**

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| --- | --- |
| **First Name:** |  |
|  |  |
| **Last Name:** |  |
|  |  |
| **Organisation**  *(Institution, Theatre Company, etc,)* |  |
|  |  |
| **Your position within organisation:** |  |
|  |  |
| **Postal Address/postcode:** |  |
|  |  |
|  |  |
|  |  |
| **Country:** |  |
|  |  |
| **Telephone**  *(including international dialling code)* |  |
|  |  |
| **Email:** |  |
|  |  |
| **Nationality:** |  |
|  |  |
| **Your interests** *(please provide a short statement of your interests)* | |
|  |  |
| **Do you have a disability and/or have any access requirements:** |  |
|  |  |
| **Are you a member of ASSITEJ:** | **🞏 YES 🞏 NO** |
|  |  |
| **Signature:** |  |
|  |  |
| **Date:** |  |

Deadline for submissions: 30th September 2015

Please send with your Proposal to: [symposia@ontheedge2016.com](mailto:symposia@ontheedge2016.com)