

**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