**Return the form by email to:** john.lawlor@wearemci.com

**Title of Symposium**

**Company Name**

Chairs: **Chair 1 (Full Name, Country) – Chair 2 (Full Name 2, Country), etc…**

**Time**: Please use the 24-hour clock system

**Subtopics**: Add more if necessary

|  |  |  |
| --- | --- | --- |
| **Time** | **Welcome and Introduction**  | **Speaker 1** **(Full Name and Country)** |
| **Time** | **Subtopic 1**  | **Speaker 2** **(Full Name and Country)** |
| **Time** | **Subtopic 2** | **Speaker 3** **(Full Name and Country)** |
| **Time** | **Subtopic 3** | **Speaker 4** **(Full Name and Country)** |
| **Time** | **Subtopic 4** | **Speaker 5** **(Full Name and Country)** |

**Corporate contact:**

(Full name): …………………………………………..…………. Email Address: ………………………………………………………
Phone Number: ………………………………………………………
*I hereby acknowledge that the above information will be listed as such in any printed matters and online (where applicable).*