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**Sleep in Aotearoa 2024**

**Dunedin 20-21 June**

**Symposium proposal**

Please return this form to [sleepinaotearoa@gmail.com](mailto:sleepinaotearoa@gmail.com) by 5 April 2024

**NOTE: All symposium speakers must attend the conference in person and pay their own registration, travel and accommodation expenses.**

**Symposium Title:**

**Session description for program:** *Please note this description will be included in the program to attract potential registrants and delegates to the session.* (max 150 words)

All proposed sessions will be reviewed for quality of the content. The proposed speakers and chairs will also be assessed for representational balance with preference given to those that address diversity in the representational balance.

**How does this proposal support the goals set out in the ASA’s** [**Diversity and Inclusion policy**](https://sleep.org.au/common/Uploaded%20files/Public%20Files/ASA%20Membership/Guidelines/FINAL%20diversity%20and%20inclusion%20policy.pdf)**?**

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**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. Please note that this section is additional information for review purposes only. Any descriptions that you would like included in the program need to be included in the ‘session description’ section above.

**Need:**

Explain how this session will contribute positively to the conference and the reason for the chosen format (max 200 words, for review purposes only)

**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 this stage, but the proposed speakers and chairs will be assessed for representational balance with preference given to those that address diversity in the representational balance.

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| ***Full Name:*** | ***Institution:*** | ***E-mail:*** | ***Agreed to participate?*** |
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**Proposed by:**

Name: \_\_\_\_\_\_ E-mail address:

Contact telephone number: Date:

**Conflict of Interest Form 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 proposal will not be considered.**

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

Session proposer for Sleep in Aotearoa

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| NAME OF COMPANY | NATURE AND DETAILS OF INTEREST |
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Please state if your interest is limited to a particular product or group of products.

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