

Your Details

Full Name	_____
Employer	_____
Contact Address	_____ _____
Country	_____ Post code _____
Contact Phone	_____
Mobile Phone	_____
Email Address	_____

Paper Details

Paper Title	_____
Author(s)	_____
Paper Abstract	<i>Please provide a separate page. Not more than x 1 A4 page.</i>

Preferred Presentation Time (please tick requested time session)

Time	Tuesday	Wednesday	Thursday
Morning 9am – 10.30am	NA		
Morning 11am – 12pm	NA		
Afternoon 1.30pm – 3pm			
Afternoon 3.30pm – 4.30pm			

WIOG will endeavour to meet requested time session but can not guarantee requests.

PLEASE EMAIL COMPLETED FORM to info@wiog.org.nz or send into WIOG Paper Presentation, 66 Rawhiti Road, Pukerua Bay, Porirua 5026