PLENARY SESSION REQUEST FORM

KAEM/CWS GSPC 2019

EASTERN MEDITERRANEAN UNIVERSITY-CENTER FOR WOMEN’S STUDIES

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\*Please complete and return all forms by e-mail

**Organizer of the session:**

|  |  |
| --- | --- |
| **Title Name Surname:** |  |
| **Phone number:** |  |
| **Mail address:** |  |

|  |  |  |
| --- | --- | --- |
| **Language of the Session** | English | Turkish |
| **Total duration of the Session** | .......................mins | |
| **Name of the Session (Topic)** |  | |
| **Preferred date for the session** |  | |
| **Moderator of the Session (if needed)** |  | |
| **Panelists (please write by names)** |  | |