



25-26 April, 2017
Palais des Congrès de Paris

SPEAKER REQUIREMENTS & AUTHORISATION FORM

In order that we are able to meet all your requirements at the event please **fully complete** this form and return to me by fax or email by **Monday 10th April 2017**.

Which days will you be attending the event?

- Conference Day 1, 25th April
- Conference Day 2, 26th April

AV Requirements

Do you have any audio visual requirements other than the standard laptop, PowerPoint, Projector, Screen & Microphones? **Please specify:** _____

Press

Please note that members of the press may be in attendance during your presentation. If this is a problem please inform me by telephone or email before the event.

Flash Photography

If your presentation contains flash animation please inform the audience before you begin as this can pose a health risk to people with epilepsy.

Conference Materials

To help our delegates capture all key take-aways from the different sessions, we may make audio and/or video recordings. We will also make PowerPoint Slides of all sessions available online, through a password protected site to the attendees after the event. To further protect your presentation, the presentations are saved in a protected PDF-format. As a speaker, this is a great way to stay in the mind of attendees and you'll benefit from the session postings of other speakers as well.

Video Recording

We may record your presentation on video or request a short interview with you following your presentation. These recordings may be used for thought-leadership and marketing purposes on the conference website and on the conference Youtube channel.

Please **sign below** to authorise us to use your presentation and audio recording:

I hereby give permission for the future distribution of my secured presentation slides on a password protected website.

I hereby give permission for the future distribution of the audio/video recording of my presentation or interview on the conference website and on the conference Youtube channel.

Name: _____ Organisation: _____

Mobile Number: _____

Emergency Contact Name & Number: _____

EMAIL TO: *Kristina.Mullen@wbr.co.uk*

Organised by:

