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| **Session Submission**  Submission Title: |  |

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| PRESENTER DETAILS, BIOGRAPHY / ACCREDITATION DETAILS   |  |  | | --- | --- | | Full Name: |  | | Website: |  |  |  |  |  |  | | --- | --- | --- | --- | | Telephone Number: |  | Email address: |  |  |  |  | | --- | --- | | Education / Qualifications Details: |  | |  |  | |  |  | |  |  | |  |  | | Accreditation Details: |  | |  |  | |  |  |  |  |  | | --- | --- | | Biography: |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |

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| LEARNING OBJECTIVES FOR THE SESSION   |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |

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| PRESENTATION STRUCTURE   |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |

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| |  | | --- | | OTHER INFORMATION REGARDING THE SESSION | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |

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| OTHER SPEAKERS / FACILITATORS (If applicable)   |  |  | | --- | --- | | **SPEAKER / FACILITATOR 1** | | | Full Name: |  |  |  |  |  |  | | --- | --- | --- | --- | | Contact Number: |  | Email address: |  |  |  |  | | --- | --- | | Biography / Credentials: |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |
| |  |  | | --- | --- | | **SPEAKER / FACILITATOR 2** | | | Full Name: |  |  |  |  |  |  | | --- | --- | --- | --- | | Contact Number: |  | Email address: |  |  |  |  | | --- | --- | | Biography / Credentials: |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |

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We may use photographs taken at events in publicity and marketing materials, including use on our website. Your attendance at an event may mean that you are featured in such photographs and you are deemed not to object to the taking of such photographs as detailed above.

**Filming**

IACP may be recording this event for use in an online video library, publicity and/or marketing materials including use on their websites. This filming will primarily focus on the speakers and their presentations. Your attendance at this event mean that you give deemed consent to your inclusion in these recordings including any of the materials used during the presentation / breakout session.

**Video Release Form**

I have been informed that IACP (Producer) may be capturing footage at the Irish Association for Counselling and Psychotherapy and the University of Holy Cross Conference - Current Counselling Trends in Ireland and in the United States Conference on 7th August 2019 in TCD and that my name, likeness, image, voice, appearance and/or performance may be recorded and made part of the recording in which I appear (“Product”).

1. I grant IACP and its designees the right to use the Product in any format, now

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have complete ownership of the Product, including copyright interests.

2. I grant Producer and its designees the right to broadcast, exhibit, market and otherwise

distribute the Product, in whole or in parts, and alone or with other products, for any purpose

Producer or its designees determine. This grant includes the right to use Product for

promoting or publicizing.

3. I have the right to enter into Agreement and am not restricted by commitments to third

parties.

4. IACP has no financial commitment or obligations to me as a result of Agreement.

5. I have read, understand and agree to all of the above and that the rights granted IACP herein are perpetual and worldwide.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To submit a proposal for consideration, please send completed proposal to Iwona Blasi Innovation & Development Manager to [iwona@iacp.ie](mailto:iwona@iacp.ie) by COB 26th April 2019.