

**Title**

Sub-title

**10th National Scottish Medical   
 Education Conference**

Parallel Session Submission Form

**Your Details:**  
Full Name:   
Job Title:   
NHS Board / Organisation:   
Email Address:   
Tel No:

## Please indicate your preferred timeslot (this will be decided by the conference organisers)

Thursday 30 April - 15.30 – 17.00   
  
Friday 1 May – 09.00 – 10.30    
  
Friday 1 May – 11.00 – 12.30

**Session Details:  
  
1**) Title of your proposed parallel session:

**2**) Parallel session description: (this will be published on the NES conference website to inform delegate selection)

**3**) Please list the objectives of the parallel session, indicating the knowledge and skills participants should expect to gain:

**4**) Who will be contributing to the delivery of this parallel session? (please state name, job title and NHS Board / Organisation)

Please note that due to the number of attendees, parallel session numbers could range from 50 – 100.

**Deadline for return of form: Midnight, Sunday 24 November 2019**