

**SPEAKERS FORM**

Venue: Near Liverpool Street, Central London

­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­Prof/Dr/Mr/Mrs/Miss/Ms (please indicate)

First name:       Last name:

Post or job title:

Centre/Department/Institute:

Correspondence address:

Tel. no:      email address:

**Title of paper**

**Stream** - please tick

🞏 XLP1 Research 🞏 XIAP Research

🞏 XLP1 Clinical 🞏 XIAP Clinical

**Brief Synopsis**

**This form must be returned electronically by FRIDAY 22JUNE 2018**

**Please email to** **info@xlpresearchtrust.org**