

**SPEAKERS FORM**

Venue: Near Liverpool Street, Central London

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First name:       Last name:

Post or job title:

Centre/Department/Institute:

Correspondence address:

Tel. no:      email address:

**Title of paper**

**Stream** - please tick

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🞏 XLP1 Clinical 🞏 XIAP Clinical

**Brief Synopsis**

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

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