**Workshop Proposal**

**Organizer(s)**

|  |  |
| --- | --- |
| Name: Affiliation: Email:  | Name: Affiliation: Email:  |

**Workshop Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Workshop Abstract** (*the abstract should be between a quarter and half a page long in font size 10, single column, about 1500 to 3000 characters with spaces*)**:**  |

**Important Information**

* **Accepted workshops will be scheduled to one of the workshops days of the EuMW 2019 week. The assignment of the workshops in a given day will be conducted to satisfy the planning constraints. Hence, organizers are expected to inform their speakers accordingly.**
* Workshop fee waivers will be granted to the workshop organizers (two maximum) and workshop speakers (one per presentation) upon reception of the presentation slides (1 color slide per A4 page in pdf format) before the deadline **5th July 2019**. The fee waivers are not guaranteed once the deadline has passed.
* Please note that, in this case, the fee waiver applies ONLY to the specific workshop and NOT to other events taking place during the week, therefore: Workshop speakers and workshop organizers must register and pay the fees for the other events they wish to attend (EuMC, EuMIC, EuRAD, conferences, WS, SC, …).

**I have read and understood the above important information and transmitted this information to all the Speakers who also understood:** \_\_\_\_\_\_\_\_\_ (Yes/No)

Complete the rest of the form only if your answer to the above question is Yes.

**Speakers**

|  |  |
| --- | --- |
| **1. Speaker's Name:**  | **Confirmed (yes/no):**  |
| **Affiliation:**  |
| **Presentation Title:**  |
| **Speaker’s Email:**  |
| **Abstract:**  |

|  |  |
| --- | --- |
| **2. Speaker's Name:**  | **Confirmed (yes/no):**  |
| **Affiliation:**  |
| **Presentation Title:**  |
| **Speaker’s Email:**  |
| **Abstract:** |

|  |  |
| --- | --- |
| **3. Speaker's Name:**  | **Confirmed (yes/no):**  |
| **Affiliation:**  |
| **Presentation Title:**  |
| **Speaker’s Email:**  |
| **Abstract:** |

… (add as many as necessary)

|  |
| --- |
| **Method of Presentation:** |

|  |
| --- |
| **Material to be Distributed to Attendees (if any):** |