AAL FORUM 2017

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| **Interactive Session / Workshop Information** | |
| **Thematic area:** | Choose among the 4 thematic areas |
| **Title of session and workshop:** |  |
| **Name of session coordinator:** | Name, surname |
| **Contact details of session coordinator:** | Email, phone number |
| **Name of session chair/ workshop leader:** | Name, surname |
| **Number of time slots of 90’ needed (separated by break)** | How may slot will you need? |
| **Names of speakers/experts** | Name, affiliation, contacts |
| **Session Content** | |
| **Rationale & objectives:**    **Programme/method:**  **Possible speakers/experts:**  **Summary of agenda:** | |
| **Expected outcomes:** | |
| **How do you envisage to create interactivity between the participants**? | |
| **Expected number of participants (minimum/maximum)** | |
| **Specific requirements** | |
| Other issues (if relevant) | |