AAL FORUM 2018

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| **Interactive Session / Workshop Information** |
| **Thematic area:** | Choose among the 5 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 |
| **Type of time slot (45’ or 90’)** | Indicate if you would like to organise a session of 45 or 90 minutes. |
| **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)  |