**Aging and Sleep 2017**

June 29-30, 2017 - Lyon, France

Please submit your symposium **via e-mail** to both

saban-hakki.onen@chu-lyon.fr & contact@aging-sleep.com

The final deadline to submit is **March 5, 2017.**

**Information** **on Symposium Organizer**

First middle and last name:

Title and degrees (Mr, Mrs, Dr, Pr, MD, PhD, RN …):

Email / phone / fax:

Institution Address:

**Information on Moderator (if different than the organizer)**

First middle and last name:

Title and degrees (Mr, Mrs, Dr, Pr, MD, PhD, RN …):

Email / phone / fax:

Institution Address:

**General information on symposium**

**Symposium Title:**

***Symposium & Audience Overview:*** *Briefly describe the program and its intended audience (maximum 250 words).* …

***Professional Practice Gap:*** *Describe the existing professional practice gap this activity is attempting to fill. A professional practice gap is defined as a gap between what the professional is doing or accomplishing compared to what is "achievable on the basis of current professional knowledge"* …

***Education Need:*** *Articulated in terms of knowledge, competence, and/or performance.* …

***Learning Objectives:*** *Please provide three to six learning objectives. Objectives should focus on desired knowledge, competence or performance. After participating in this activity, participants will be able to:1-2-3-4-5-6*

***Outcomes:*** *Describe the intended outcomes and how the proposed topics and teaching methods will help to achieve these. The goal of the session must be tied to the professional practice gap/education need.*

**Presentation and Speakers' Information:**

*Please list in order of presentation*

**Title of Talk 1:**

***Speakers’ name / institution / address:***

***Speakers’ email and phone:***

***Please indicate which of the Session Learning Objectives will be met?***

***Please briefly outline the content of the talk:***

***Describe this speaker's expertise in this topic:***

**Title of Talk 2:**

***Speakers’ name / institution / address:***

***Speakers’ email and phone:***

***Please indicate which of the Session Learning Objectives will be met?***

***Please briefly outline the content of the talk:***

***Describe this speaker's expertise in this topic:***

**Title of Talk 3:**

***Speakers’ name / institution / address:***

***Speakers’ email and phone:***

***Please indicate which of the Session Learning Objectives will be met?***

***Please briefly outline the content of the talk:***

***Describe this speaker's expertise in this topic:***