**Title of Workshop:**

### Description/Background:

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### Format/structure:

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### Learning Objectives (Maximum of 4):

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### Chair/Co-Chair(s)/Convenor(s):

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Email address** | **Country** | **Affiliation/Organisation** |
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### Speakers:

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| --- | --- | --- | --- | --- |
| **Name** | **Email address** | **Country** | **Affiliation/ Organisation** | **Specific Role/Title of presentation – TBC if yet to confirm** |
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### Panelists:

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| --- | --- | --- | --- | --- |
| **Name** | **Email address** | **Country** | **Affiliation/ Organisation** | **Specific Role if Applicable** |
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The workshop proposal should be submitted to: workshop-ffn@ksci.no