**Flashpoints Conference 2021-Registration Form**

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| **Name** |  | |
| **Email Address** |  | |
| **Contact telephone** |  | |
| **University or other affiliated organisation** |  | |
| **Attending** | **In person** | **Online** |
| **If attending in person do you have any special dietary requirements?** |  | |
| **Please indicate whether you are submitting a paper or attending only** | **Submitting a Paper** | **Attending only** |
| **Title of Paper Submitted (If applicable)** |  | |
| **Please indicate if you have any special requirements in terms of accessibility** |  | |
| **Do you require a certificate of participation?** | **Yes** | **No** |