

**ICEVI-Europe Professional interest group, Early Intervention**

**Conference:**

**The development of social and emotional skills in young children with visual impairments**

**23 - 24th April 2020**

Conference rooms **‘De** **Blauwput’**  Martelarenlaan 11a B-3010 Leuven, Belgium

OFFICIAL ABSTRACT FORM

**1. Lead Presenter** (contact person for all communication)

 Title (Prof., Dr., Mr., Ms., Mrs.):

 First Name and Surname:

 Centre/Institute:

 Position:

 Street Address and City/Region:

 Country and Postal/Zip Code:

 Home and Work Telephone numbers:

 Email:

**2. Co-presenters** (if more than two presenters, please add additional information) \*

 Title (Prof., Dr., Mr., Ms., Mrs.):

 First Name and Surname:

 Centre/Institute:

 Position:

 Street Address and City/Region:

 Country and Postal/Zip Code:

 Home and Work Telephone numbers:

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\**Only include those presenters who are attending the conference*

**3.** If the Lead Presenter is not the key person for communication, please provide details of the contact person:

**When completing the following sections, please select the option of your choice by placing an ‘X’ between the square brackets.**

**4. Type of presentation** (please select)

 [ ] 4.1 Paper Presentation (Lecture)

 [ ] 4.2 Interactive Workshop Presentation

 [ ] 4.3 Poster Presentation

**5. Has this presentation or paper been presented elsewhere?**

 [ ] Yes

 [ ] No

**6. Title for Presentation** *(in 25 words or less)…*

**7. Please write your Abstract below** *(Written in English, in 250 words or less)…*

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**Please email this completed Official Abstract Form by March 1 2020 to:**

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