Publication and Presentation Approval Request Form

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| --- | --- |
| TITLE: |  |
| AUTHOR(S)/AFFILIATION: |  |
| RECOMMENDED JOURNAL: |  |
| TITLE OF CONFERENCE/MEETING: |  |
| DATE: |  |
| PLACE: |  |

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All requests to present information must be received by APRIL, as per the following format, at least **5 working days** before the intended disclosure of the information. No disclosure of information may proceed without approval from APRIL.

**Please tick the category which applies**

[ ]  - Papers and short communications to Journals

[ ]  - Full Papers for Conference

[ ]  - Abstract

[ ]  - Presentation

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Does this paper/presentation contain Confidential Intellectual Property:

Please mark: **YES NO**

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* Developed within APRIL research program? [ ]  [ ]
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actions [ ]  [ ]

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release [ ]  [ ]

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Are there any scientific/technical reasons why publication is

not appropriate? [ ]  [ ]

If the answer is YES to any of the above, then please provide an attachment giving reasons why the publication/presentation should still proceed?

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**Approval**

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I hereby agree that upon publication I will provide APRIL with an electronic copy of the paper or a PPT of the presentation

Signature………………………. Date: ……………..

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Signature……………………………… Date: …………….

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\* If not recommended/approved, provide an attachment giving reasons why publication should not proceed and return to author(s).

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