**Presentation Form**

Email to : [streetmedicinesymposium2016@ucc.ie](mailto:streetmedicinesymposium2016@ucc.ie) by 29th July 2016

**Title**:

**Presenters:**

|  |  |  |
| --- | --- | --- |
|  | Name | Organisation |
| 1 |  |  |
| 2 |  |  |

**Type of Presentation (Highlight one)**

Standard 10 min Oral

Workshop

3 min Quick fire

Poster

**Theme (Highlight one)**

Mental Health

Addiction

Integration of services

Pathways

Other

**Summary (no more than 200 words)**

**Please attach any relevant files**