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**NZASIA Conference Postgraduate Prize**

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**Entry Form**

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| Name: |  |
| Email: |  |
| Department: |  |
| University address: |  |
| Year/Degree enrolled: |  |
| Thesis supervisor/s and email: |  |
| Title of thesis: |  |
| Title of paper  submitted: |  |

I hereby confirm that the paper that I am submitting is my own. Sign or type your name below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_