**iCAST 2017 Special Session Proposal**

Session Title:

Title of special session

Session Chair with Contact Information:

Name, position, affiliation, email

Session Co-chair(s) with Contact Information:

Name, position, affiliation, email

**Paper List (at least 5 papers)**

|  |  |  |
| --- | --- | --- |
| Paper 1 | Paper’s Title | Title of paper |
| Author(s) | Name, affiliation, email  Name, affiliation, email  ...................... |
| Contact | Email of corresponding addressee |
| Paper 2 | Paper’s Title | Title of paper |
| Author(s) | Name, affiliation, email  Name, affiliation, email  ...................... |
| Contact | Email of corresponding addressee |
| Paper 3 | Paper’s Title | Title of paper |
| Author(s) | Name, affiliation, email  Name, affiliation, email  ...................... |
| Contact | Email of corresponding addressee |
| Paper 4 | Paper’s Title | Title of paper |
| Author(s) | Name, affiliation, email  Name, affiliation, email  ...................... |
| Contact | Email of corresponding addressee |
| Paper 5 | Paper’s Title | Title of paper |
| Author(s) | Name, affiliation, email  Name, affiliation, email  ...................... |
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