

Midlife & Menopause:

Perception in the Pandemic



**24th Annual
Australasian Menopause Society Congress**

**Hilton Adelaide & Online
26 - 28 November 2021**

www.menopause.org.au



**AUSTRALASIAN
MENOPAUSE
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MHT:¹⁻⁷



Transdermal estrogen

Minimise VTE risk with transdermal estrogen vs oral estrogen, comparable to non-users of MHT^{1-4,8-11}



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Minimise breast cancer risk with micronised progesterone vs synthetic progestogens^{1-4,12-14}

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MHT: menopausal hormone therapy ; VTE: venous thromboembolism.

Please review Product Information before prescribing.

The Product Information can be accessed at besins-healthcare.com.au/PI or telephone 1800 BESINS (237 467).

PBS Information: These products are not available on the PBS.

Minimum Product Information Estrogel (estradiol hemihydrate) Indications: Hormone replacement therapy (HRT) for estrogen deficiency symptoms in postmenopausal women. Prevention of osteoporosis in postmenopausal women at high risk of future fractures who are intolerant of, or contraindicated for, other medicinal products approved for the prevention of osteoporosis. The lowest effective dose should be used for the shortest duration. **Contraindications:** Known, past or suspected breast cancer; Known or suspected estrogen-dependent malignant tumours (e.g. endometrial cancer); Undiagnosed genital bleeding; Untreated endometrial hyperplasia; Previous or current venous thromboembolism (e.g. deep venous thrombosis, pulmonary embolism); Known thrombophilic disorders (e.g. protein C, protein S, or antithrombin deficiency); Active or recent arterial thromboembolic disease (e.g. angina, myocardial infarction); Acute liver disease, or a history of liver disease as long as liver function tests have failed to return to normal; Known or suspected pregnancy; Lactation; Known hypersensitivity to the active substances or to any of the excipients; Porphyria. **Precautions:** Appraisal of the risks and benefits should be undertaken at least annually. Refer to full Product Information (PI) for conditions which require supervision during treatment with Estrogel. Treatment should be withdrawn if the following occur, jaundice or deterioration in liver function; significant increase in blood pressure; new onset of migraine type headache; pregnancy. **Caution:** endometrial hyperplasia and carcinoma, breast cancer, ovarian cancer, venous thromboembolism, coronary artery disease (CAD), ischaemic stroke, thyroid function, elderly, paediatric use (see full PI). **Interactions:** use of concomitant skin medications, surface active agents or strong skin cleansers and detergents should be avoided at site of application, metabolism of estrogens may be increased by concomitant use of inducers of hepatic enzymes such as anticonvulsants (phenobarbital, phenytoin, carbamazepine) and anti-infectives (rifampicin, rifabutin, nevirapine, efavirenz, ritonavir and nelfinavir) and some herbal preparations (St John's wort) reducing the effectiveness of estrogen, Estrogel as a transdermal administration might be less affected than other oral hormones by enzyme inducers. Pregnancy Category B3; not for use in lactation. **Adverse Effects:** headache, nausea, abdominal pain, breast swelling/pain, breast enlargement, dysmenorrhea, menorrhagia, metrorrhagia, leucorrhoea, endometrial hyperplasia, weight gain (increase or decrease), water retention with peripheral edema (see full PI). **Dosage and Administration:** Estrogel should be used daily on a continuous basis. Estrogel as an estrogen only product is indicated only for women without a uterus. In women with an intact uterus it is recommended to add a progestogen for at least 12 days of each month. Although some women will respond to 1.25 g daily (1 pump), the usual starting dose is 2.5 g per day (2 pumps). If after one month of treatment, effective relief of menopausal symptoms is not obtained the dosage may be increased to a maximum of 5 g (4 pumps) (see full PI). The lowest effective dose should be used for maintenance therapy. The optimal daily maintenance dose needs to be reevaluated regularly (e.g. annually). Estrogel should only be continued for as long as the benefit outweighs the risk. The correct dose of gel should be dispensed and applied to clean, dry, intact areas of skin e.g. on the arms and shoulders, and/or inner thighs. The area of application should be as large as possible. Refer to Full Product Information before prescribing.

Minimum Product Information Prometrium (oral, micronised progesterone) Indications: menstrual irregularities; adjunctive use with an estrogen in postmenopausal women with an intact uterus. **Contraindications:** known allergy/hypersensitivity to progesterone or excipients; severe hepatic dysfunction; undiagnosed vaginal bleeding; known missed abortion/ectopic pregnancy; mammary/genital tract carcinoma; thromboembolic disorders; thrombophlebitis; cerebral haemorrhage; porphyria. **Clinically Significant Precautions:** not a treatment for premature labour; not a contraceptive; discontinue if unexplained visual loss/changes, proptosis, diplopia, papilloedema, retina vascular lesions or migraine; use caution in conditions affected by fluid retention and history of depression, diabetes, hepatic dysfunction, migraine, photosensitivity and during lactation; increased risk of breast cancer and venous thromboembolism with estrogen concomitant therapy (refer estrogen PI); may cause drowsiness; may affect laboratory test results. **Clinically Significant Interactions:** caution with P450 enzyme inducers and inhibitors; may increase antidiabetic medication; bioavailability may be reduced by smoking and increased by alcohol abuse. **Very Common and Common Adverse Effects:** menstrual disturbances; headache. **Dosage and Use:** take capsules (100mg/200mg) orally, OD at bedtime without food. Hormone Replacement Therapy: 200 mg/d for 12d (d15-d26) of the cycle; or 100mg can be given from d1-d25. Secondary amenorrhoea: 400mg/d for 10d. Ovulation disorders/anovulation: 200-300mg for 10d (d17-d26, inclusive).

References: 1. The 2017 hormone therapy position statement of The North American Menopause Society. *Menopause* 2017;24(7):728-753. 2. Cobin RH *et al. Endocr Pract* 2017;23(7):869-880. 3. Baber RJ *et al. Climacteric* 2016;DOI:10.3109/13697137.2015.1129166. 4. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Menopausal Hormone Therapy Advice; C-Gyn 16. Available at: <https://www.ranzog.edu.au/> Accessed April 2021. 5. Estrogel[®] (estradiol hemihydrate) Product Information, updated 08 May 2019. 6. Prometrium[®] (micronised progesterone) Product Information, updated 20 June 2016. 7. Estrogel Pro ARTG Public Summary Document, effective 23 October 2019. Available at www.tga.gov.au; Accessed April 2021. 8. Canonico M *et al. Arterioscler Thromb Vasc Biol* 2010;30:340-345. 9. Renoux C *et al. J Thromb Haemost* 2010;8:979-986. 10. Scarabin P-Y. *Climacteric* 2018;21(4):341-345. 11. Vinogradova Y *et al. BMJ* 2019;364:k4810. 12. Fournier A *et al. Int J Cancer* 2005;114:448-454. 13. Murkes D *et al. Gynecol Endocrinol* 2012;28(S2):12-15. 14. Stute P *et al. Climacteric* 2018;DOI:10.1080/13697137.2017.1421925. Estrogel[®] and Prometrium[®] are registered trademarks of Besins Healthcare. Besins Healthcare Australia Pty Ltd. ABN 68 164 882 062. Suite 5.02, 12 Help St, Chatswood NSW 2067 Office phone (02) 9904 7473. For medical information call 1800 BESINS (237 467). www.besins-healthcare.com.au EPR-1302 November 2021

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Welcome to Congress 2021

On behalf of the AMS 2021 Local Organising Committee it is my great pleasure to welcome you to the 24th Australasian Menopause Society Congress in Adelaide. Whether you join us virtually or in person I am sure that you will enjoy the opportunity to meet and share in this congress together. For those able to be here in person, Adelaide and its surrounds offer an opportunity to rest, recharge and leave refreshed.

After the two year Covid induced interval, this Congress is especially welcome to those of us involved in women's health care and research, and the Scientific Organising Committee chaired by Dr Anna Fenton has put together a diverse program of interesting and relevant topics. We especially welcome the opportunity to hear from international and interstate colleagues unable to attend in person.

This year will still see some of us separated, so the Congress will be a blend of live and virtual sessions that will provide opportunity for interaction and discussion with colleagues from Australia and New Zealand and around the world. There will also be live and virtual interaction with our sponsors and exhibitors.

I would like to take this opportunity to thank our Local Organising Committee for enthusiastically steering the Congress forward over the past year, in very uncertain times. I'm sure that you'll find that the Congress admirably meets the Society's objectives of encouraging research and discussion, disseminating quality information and encouraging clinical best practice.

I commend our Congress to you and look forward to meeting you in Adelaide in November.

Meredith Frearson
Chair, Local Organising Committee



Welcome from the Scientific Program Committee



Adelaide is often referred to as the city shaped by stories. This year at the 24th AMS Congress we plan to add to those stories with our first hybrid conference.

The arrival of COVID on our shores has necessarily led to changes in how we present our programme so for the first time we have both online and onsite attendees. It has also meant that we have been able to invite a larger group of international experts who have provided pre-recorded lectures. Whilst this does limit immediate discussion with the speakers it will be the way forward until we are all able to travel freely.

We have a broad programme covering the latest on ageing – a topic dear to all our hearts. The role of telomeres in determining health and longevity will be covered by one of the world's experts in this area. We have included very practical topics that crop up regularly in our clinical practice, including weight management, testosterone use, vaginal laser therapy and irritable bladder.

We are learning that there are significant differences in cardiac disease presentation and management across the genders and this will be highlighted along with the health of transgender women at midlife.

Over the past 20 months we have all learnt to adapt how we practice while coping with lockdowns and altered access for our patients. Sessions on telehealth, time management and burnout will address issues that have arisen over this time. And no AMS Congress would be complete without Sonia Davison's Update on all things new in menopause.

On behalf of the Scientific Organising Committee of Sylvia Rosevear, Janice Brown, Jane Elliott, Susan Jenner, Sonia Davison and Amanda Vincent we hope that you find something useful and interesting to take away from this year's Congress. The blend of good science and camaraderie at AMS Congresses is legendary and we are sure this year's meeting will not disappoint.

Dr Anna Fenton
Chair, Scientific Program Committee

Sponsor Profiles



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Besins Healthcare:

For more than 50 years, Besins Healthcare has discovered, developed and delivered healthcare solutions to help women successfully manage the often-unexpected issues related to the transition through menopause. Our products are prescribed by physicians in more than 100 countries worldwide.

Globally we are a major player in Menopausal Hormone Therapy (MHT), having developed a transdermal estradiol gel (Estrogel®), and a micronised natural progesterone in an oily formulation (Prometrium®) which is bioavailable by oral route of administration.

Besins remains committed to discovering additional innovations in menopause, gynaecology, fertility and obstetrics. In 2019 we

were proud to be able to expand our MHT range of products for Australian women transitioning through menopause with the introduction of Australia's first MHT co-pack, Estrogel Pro – containing one pack of Estrogel plus one pack of Prometrium.

In addition to our MHT range of products, Besins Healthcare also produce Utrogestan®, micronised progesterone, for luteal phase support in ART and for the prevention of Preterm Birth (PTB).

If you would like to know more about Besins please visit besins-healthcare.com.au, or contact us by email australia@besins-healthcare.com.

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Exhibitors



AMS Board and Executive

Dr Sonia Davison (President)	Dr Elina Safro	Dr Ashley Makepeace
Dr Karen Magraith (President-Elect)	Dr Marita Long	Dr Christina Jang
Clin. Assoc. Professor Amanda Vincent (Past President)	Dr Meredith Frearson	Ms Vicki Doherty (Executive Director & Company Secretary)
Dr Sylvia Rosevear (Treasurer)	Dr Janice Brown	

Congress Organising Committee

Meredith Frearson (Chair)	Carmel Reynolds
Jane Elliott	Sylvia Rosevear
Ann Olsson	Anna Fenton

Scientific Organising Committee

Anna Fenton (Chair)	Sylvia Rosevear
Jane Elliott	Janice Brown
Susan Jenner	

AMS Membership

The Australasian Menopause Society brings together doctors, nurses and other allied health professionals who are keen to participate in communication and scientific discussions around the advancement of knowledge about the menopause.

If your work focuses on menopause and issues related to women's mid-life health, it's now more important than ever for you to become a Member of the AMS. Through AMS, you will be able to access information and resources which will inspire and guide improvements for your practice.

Members receive a monthly 'eChanges' newsletter with clinical and AMS news updates as well as news on women's midlife health from around the world.

BENEFITS OF MEMBERSHIP

There are four main reasons to join AMS:

- Increase your confidence in menopause management by having access to up to date evidence-based information and resources;
- Gain CPD points by participating in education on the AMS eLearning website;
- Get discounts to Congress and other AMS education events;
- Advertise your practice on the Find an AMS Doctor website

To apply for AMS Membership please visit the AMS stand in the Exhibition area to complete an application form or alternatively apply online at www.menopause.org.au

Scientific Program

24th AMS ANNUAL CONGRESS

Midlife & Menopause: Perception in the Pandemic

HILTON ADELAIDE & ONLINE • 26 TO 28 NOVEMBER 2021

Pre-Congress Menopause Essentials Program

Friday 26 November		
7.45 – 8.30	Pre-Congress Menopause Essentials Registration	Victoria Foyer
8.30 – 12.00	Pre-Congress Menopause Essentials Update	Victoria Room
Chairs: Dr Karen Magraith and Dr Elina Saфро		
8.30 – 9.15	Menopause consultation: A structured approach to decision-making	Dr Jane Elliott
9.15 – 10.00	Prescribing MHT: Evidence base, tips, tricks and practice pearls	Prof. Rod Baber
10.00 – 10.30	Morning Tea	Victoria Foyer
10.30 – 11.15	Non-hormonal treatment for troublesome symptoms of menopause: what's the evidence?	Dr Sonia Davison
11.15 – 12.00	Case study session: Managing menopause in difficult circumstances	A/Prof. Amanda Vincent

Congress Program

12.00	Congress Registration	Gallery, Level 1
12.00 – 1.00	Lunch & Exhibition (For those attending both the Pre-Congress and Congress Programs)	Gallery, Level 1
1.10 – 1.25	Congress Opening	Ballroom B&C
	Dr Sonia Davison - AMS President Dr Meredith Frearson - Congress Local Organising Committee Chair Welcome to Country - Rosemary Wanganeen	
	Alice MacLennan Plenary – Ageing and Resisting It	Ballroom B&C
	Chairs: Dr Sonia Davison and Dr Meredith Frearson	
1.25 – 2.05	Epigenetic Clocks	Dr Elissa Hamlat
2.05 – 2.45	Cognition – impact of ageing and menopause	Prof. Cassandra Szoeki
2.45 – 3.15	Afternoon Tea & Exhibition	Gallery, Level 1
	Breast Cancer	Ballroom B&C
	Chairs: Prof. Bronwyn Stuckey and Dr Carmel Reynolds	
3.15 – 3.45	MHT post-BRCA diagnosis	Prof. Martha Hickey
3.45 – 4.15	An update on the effects of MHT containing Estrogen alone or estrogen plus a progestogen on breast cancer risk	Prof. Rod Baber
4.15 – 4.45	Fertility preservation in women with cancer	Dr Sally Reid
4.45 – 5.15	The evidence for vaginal laser treatments for post-menopausal symptoms	Prof. Jason Abbott
5.15 – 6.45	Welcome Reception	Gallery, Level 1



Scientific Program

Congress Program

Saturday 27 November		
8.15	Registration Desk Open	Gallery, Level 1
Therapeutics and Difficult Issues		Ballroom B&C
Chairs: Dr Ann Olsson and Prof. Beverley Vollenhoven		
8.45 – 9.15	Update on recent WHI long-term data	Prof. Bronwyn Stuckey
9.15 – 9.45	Painful Bladder Syndrome	Dr Ailsa Wilson Edwards
9.45 – 10.15	Testosterone use in women – what's new?	Prof. Sue Davis
10.15 – 10.45	Panel discussion	
10.45 – 11.15	Morning Tea & Exhibition	Gallery, Level 1
Metabolic Health		Ballroom B&C
Chairs: A/Prof. Amanda Vincent and Dr Jane Elliott		
11.15 – 11.45	Bariatric surgery – positive and negative consequences	Prof. Wendy Brown
11.45 – 12.15	Exercise at midlife to preserve lean mass and reduce weight gain	Prof. Robin Daly
12.15 – 12.45	Sleep – connections to general and metabolic health	A/Prof. Darren Mansfield
12.45 – 1.15	PCOS at menopause	Prof. Helena Teede
1.15 – 1.21	<i>Rapid Fire Presentation</i> A case of new-onset post-menopausal hyperandrogenism	Dr Madeleine Haygarth
1.25 – 2.15	Lunch & Exhibition	Gallery, Level 1
Chairs: Dr Susan Jenner and Dr Marita Long		
2.15 – 2.45	The Longevity Paradox: Why do women live longer but in worse health?	Dr Kate Gregorevic
2.45 – 3.45	<i>Besins Sponsored Symposium</i> Chair: Dr Meredith Frearson MHT – what oestrogen and progestogen to use? Dr Sonia Davison Menopause and MHT – your questions answered Dr Sonia Davison and Dr Jane Elliott, chaired by Dr Meredith Frearson	 <p>BESINS HEALTHCARE Innovating for Well-being</p>
3.45 – 4.00	Afternoon Tea & Exhibition	Gallery, Level 1
4.00	AGM	
6.30pm	Congress Dinner (buses will depart the Hilton at 6pm)	Adelaide Zoo
Sunday 28 November		
8.00	Registration Desk Open	Gallery, Level 1
Gender Differences		Ballroom B&C
Chairs: Dr Sylvia Rosevear and Dr Christina Jang		
8.30 – 9.00	COVID-19 and women	A/Prof. Sutapa Mukherjee
9.00 – 9.30	Women and Heart Disease	A/Prof. Sarah Zaman
9.30 – 10.00	Transgender women in midlife	Prof. Jeffrey Zajac
10.00 – 10.05	Invitation to Queenstown 2022	
10.05 – 10.30	Morning Tea & Exhibition	Gallery, Level 1
Social Change		Ballroom B&C
Chairs: Dr Karen Magraith and Dr Elina Safro		
10.30 – 11.00	Surrogacy in Australia	Prof. Beverley Vollenhoven
11.00 – 11.30	Burnout in medical professionals. Coping with conflict and post pandemic	Dr Roger Sexton
11.30 – 12.00	TICK Tock, Befriend Your Clock!	Mr Len Kling
12.00 – 12.30	Telehealth – tips on how to do it in best practice	Dr Andrew Baird
12.30 – 1.00	Sonia's Snippets	Dr Sonia Davison
1.00	Congress Closing	Ballroom B&C



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Social Program

Welcome Reception

Welcome to the 2021 Congress!
This is your first social opportunity to catch up with your colleagues, sponsors and exhibitors of the Congress. The welcome reception also provides a great opportunity to meet delegates who are attending the Congress for the first time.

Date: Friday 26 November
Time: 5:15 – 6:45 pm
Venue: Gallery, Level 1, Hilton Adelaide
Dress: Neat casual

Congress Dinner

It is with great pleasure that the Organising Committee of the 2021 AMS Congress invite you to join in the fun at the Congress dinner at the magnificent Adelaide Zoo.

Have a drink with the pandas and then enjoy a seated dinner. Guests can embrace the sights and sounds of being in a zoo after hours. Hear the calls of the zoo's primates from within!

Date: Saturday 27 November
Time: 6.30 – 11 pm (coaches will depart from the Hilton at 6 pm)
Venue: Adelaide Zoo
Dress Code: Neat casual
(please ensure you have warm clothes)



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Transgender Women in Mid-Life

Professor Jeffrey Zajac AO

MBBS (Melb) FRACP PhD (Melb) AO
Department of Medicine, University of Melbourne at Austin Health

BIOGRAPHY:

Jeffrey Zajac is Academic Lead (Head) of the Department of Medicine, University of Melbourne at Austin Health. He is the Chairman of the Division of Medicine; Medical Director of the Medical Services Division and Director of the Department of Endocrinology at Austin Health. He is a Clinical Endocrinologist with research interests in clinical and molecular endocrinology. Professor Zajac trained in Medicine at the University of Melbourne and undertook a PhD in the Department of Medicine, Austin & Repatriation Medical Centre. Following postdoctoral work at Massachusetts General Hospital Boston, he returned to the University of Melbourne initially at Royal Melbourne Hospital and now Austin Health. His clinical research group has had a long-term major research program investigating the function of androgens and androgen withdrawal in patients with prostate cancer. He heads a molecular endocrinology group who use genetically modified mice to investigate functions of the androgen receptor. His clinical interests include general endocrinology, the use, misuse and abuse of testosterone. Professor Zajac has had a long-standing interest in transgender medicine. He has been involved in hormonal management of trans individuals for over 10 years and was instrumental, in setting up the Austin Health's Trans and Gender Diverse in Community Health (TGDICH) clinic.

ABSTRACT:

Transgender individuals now make up nearly 1% of the population. Unfortunately, much of transgender medicine is not evidence based and this results in a diverse approach to management. Trans women seeking hormonal transition generally require estrogen, antiandrogens and sometimes progestogen cyproterone. Approaches to this will be discussed.

Issues to be addressed in this review include the following:

1. Which formulations of estrogen therapy are appropriate for transwomen in the mid-life?
2. Should estrogen therapy in transwomen mimic the menopause or menopausal hormone therapy or continue lifelong
3. Data from a study of 390 transwomen identifying their feminizing hormone therapy regimens and cardiovascular risk factors will be discussed
4. Cancer screening in transwomen
5. Transition issues and cancer screening in transmen

Reference:

1. Feminizing hormone therapy prescription patterns and cardiovascular risk factors in aging transgender individuals in Australia. Brendan J Nolan... Jeffrey D. Zajac, Ada S. Cheung (In Press: *Frontiers in Endocrinology*, 29 June 2021)



Symposium

Sponsored by Besins

Saturday 27 November,
2.45 – 3.45 pm



MHT – what oestrogen and progestogen to use? Dr Sonia Davison
Menopause and MHT – your questions answered
Dr Sonia Davison and Dr Jane Elliott, chaired by Dr Meredith Frearson

General Information

CONGRESS VENUE & ACCOMMODATION

Hilton Adelaide – 233 Victoria Square, Adelaide SA 5000

REGISTRATION DESK

The registration desk will be located in the Gallery, Level 1 from the following times. The desk will be attended at all time during the congress. Delegates should collect their satchel and name badge on arrival. Admission to all sessions, catering and Welcome Reception is by name badge only.

Friday 26 November: 12.00pm
Saturday 27 November: 8.15am
Sunday 28 November: 8.00am

WI-FI

Network: AMS2021
Password: Menopause

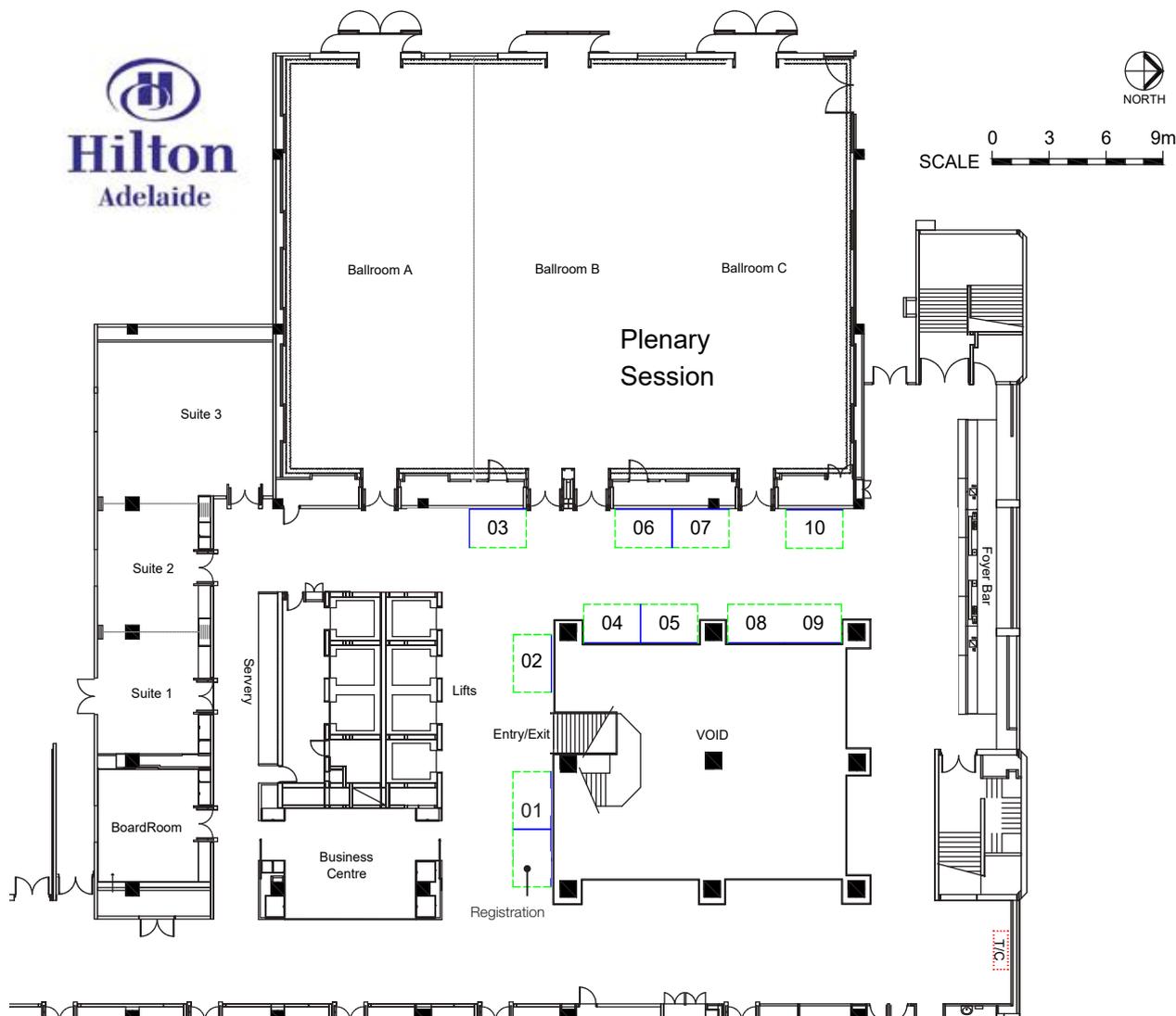
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AMS Congress 2021 Exhibition Floor Plan



Booth	Organisation
1	Australasian Menopause Society
2	Viatrix
3	Bayer
4	Lawley Pharmaceuticals
5	Aspen Pharmacare
6	Theramex Australia
7	Fertility SA
8 - 9	Besins Healthcare
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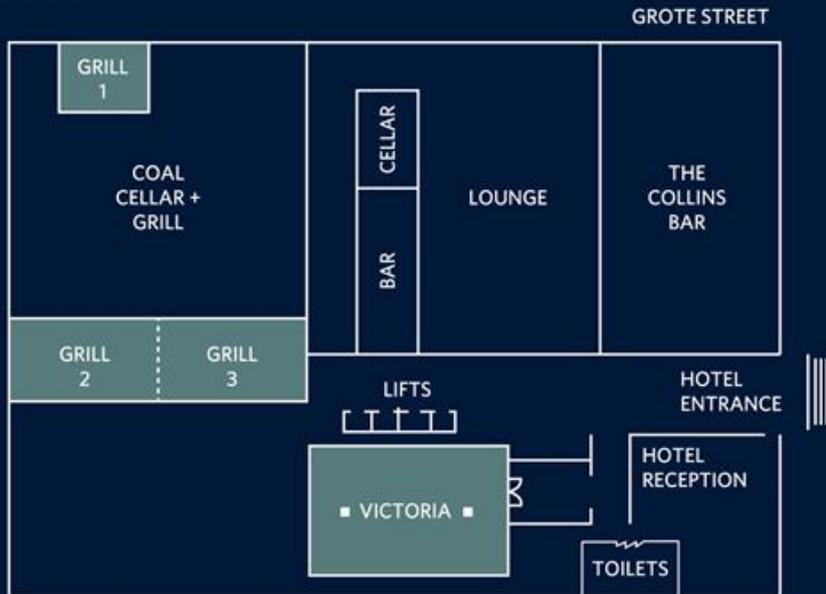
If attending onsite, visit all the exhibitors to go in the draw. The winner will be drawn in the closing session on Sunday. You need to be there to win!

If attending online, you can earn points by attending sessions, posting questions and networking with exhibitors and fellow delegates. The winner will also be drawn in the closing session.



Venue Floor Plan

GROUND FLOOR



LEVEL 1

