

Abstract Submission Form

Oncologic Imaging Course 2020

June 24-27, 2020 | Dubrovnik/HR



Personal information

Academic title(s) _____

First name / Last name _____

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E-Mail address _____

Abstract information

Abstract title _____

Presentation type

- Oral only
- Oral preferred*
- Poster only

**In case your abstract will not be selected for oral presentation you might be invited for poster presentation*

The submitted abstract was elsewhere submitted / accepted / presented: Yes No

If yes, please provide further details: _____

** I confirm that all authors mentioned in the author block of this abstract have been informed about and agreed to this submission.

** I confirm that either myself or an alternative author will present my abstract in case it will be accepted for oral presentation.

** I understand that my registration to the Oncologic Imaging Course 2020 must be completed by May 6, 2020 at the latest in order to present any accepted abstract.

***All boxes must be ticked in order to successfully submit your abstract!*

Date

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