**ABSTRACT FORM**

Abstract should be related to the program objectives and not exceeding 500 words. Submissions must be postmarked **EXTENDED** until **15th of July,** **2020**. Submissions will be reviewed by the Scientific Committee and you will be notified if your Submission has been selected by **30th of July,** **2020**. Please retain a copy for your records. In acceptance of the Abstract, fully completed manuscript should be emailed to (maria@menaconference.com or jerico@menaconference.com)

*The Scientific Committee accepts Arabic Abstracts as we have a full track of Arabic Lectures and we do accept Arabic Research.*

|  |  |
| --- | --- |
| ***Full Name:*** |  |
| ***Designation:*** |  |
| ***Facility/Place of Work:*** |  |
| ***Qualifications:*** |  |
| ***Current Area of Practice:*** |  |
| ***Mobile No.:*** |  |
| ***Email ID:*** |  |

**GUIDELINES:**

* + Complete this form and attach the abstract
	+ Type the name of presenter on actual abstract.
	+ Type title of presentation on abstract.
	+ Do NOT use more than 500 words. Provide an accurate, succinct, and informative summary of the content. Be concise!
	+ Use A4 size paper.

**BRIEF CURRICULUM VITAE (BIOGRAPHY)**

* **Please limit this to 150 words.**

|  |
| --- |
|  |

**PRESENTATION SUMMARY/ABSTRACT FORM**

**PLEASE USE DESIGNATED SPACE**

* Abstract title followed by affiliation and followed by text of abstract

(Learning Objectives of the topic, Target audience)

* Maximum Word count – 500 words

**PLEASE CHECK ONE CATEGORY:**

|  |  |
| --- | --- |
|  | New Research (20 Minutes Oral Presentation) |
|  | New Research (20 Minutes Oral Presentation) |
|  | Lecture presentation (30-40 minutes) |
|  | Workshop (2 Hours) |

|  |  |
| --- | --- |
| **ABSTRACT TITLE:** |  |
| **ABSTRACT TEXT:***(500 words)* | 1. Introduction or background
2. Objectives
3. Methods
4. Results
5. Discussion
6. Conclusion(s)
7. References
 |

Pls. mention if you are presenting this activity in collaboration with another speaker? If yes, pls. provide the details of the co-speaker below:

|  |  |
| --- | --- |
| ***Full Name:*** |  |
| ***Designation:*** |  |
| ***Facility/Place of Work:*** |  |
| ***Qualifications:*** |  |
| ***Current Area of Practice:*** |  |
| ***Mobile No.:*** |  |
| ***Email ID:*** |  |

**BRIEF CURRICULUM VITAE (BIOGRAPHY)**

* **Please limit this to 150 words.**

|  |
| --- |
|  |

**PLEASE KEEP IN MIND THAT SCIENTIFIC COMMITTEE WILL MAKE THE FINAL DECISION ON ACCEPTING SUBMISSIONS AND ASSIGNING THE CATEGORY. INCOMPLETE SUBMISSIONS WILL NOT BE CONSIDERED FOR REVIEW.**

Kindly email your abstract to Ms. Maria Estoye via email (maria@menaconference.com) or Jerico Recato via email (jerico@menaconference.com)

For further information, please contact via Office +00971 2 4919888

Mobile: +971 56 503 3745 | +971 56 503 3749

# Thank you for your interest in presenting at

# “Abu Dhabi International Mental Health Conference”