The scientific committee is delighted to receive your abstracts for the **5th Abu Dhabi International Vascular Conference** to be held on 13-14 October, 2023 Sofitel, Abu Dhabi, UAE

**DEADLINE OF SUBMISSION: AUGUST 15, 2023 (23:59 UAE/GST)**

**NOTIFICATION OF ACCEPTED ABSTRACTS: AUGUST 31, 2023**

**ABSTRACT TOPICS**

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| --- |
| **GENERAL SCOPE:**  ☐ Aortic disease  ☐ Diabetic foot disease  ☐ Cerebrovascular disease  ☐ Peripheral vascular disease  ☐ Venous Disease  ☐ Vascular Access  ☐ Vascular Malformations  ☐ Thrombosis and Coagulopathy  ☐ Vascular trauma  ☐ Thoracic Outlet Syndrome  ☐ Vascular Training  ☐ Others: Please specify\_\_\_\_\_\_\_\_\_\_\_\_ |

**AUTHOR & ABSTRACT INFORMATION**

* A maximum of **2 abstracts** may be submitted
* For abstracts with several authors, you must choose **one individual** to present the abstract at the conference.
* The abstracts must:
  + provide enough information for reviewers to assess the topic's nature and significance, the suitability of the investigative technique, the nature of the results, and the conclusions.
  + summarize the work's substantive outcomes rather than simply listing subjects to be explored.
  + be original scientific data gathered by the author(s) must be included in the abstract. All reports must be based on previously completed work. No "in progress" studies will be allowed.
  + include enough information for reviewers to determine the nature and significance of the topic, the sufficiency of the investigation technique, the nature of the results, and the conclusions, according to the criteria
* The primary author/first author/presenting author will receive:
  + complimentary registration for all days of the conference and
  + a certificate of attendance and appreciation for your presentation
* The presenter must NOT utilize the session to promote services, products, or other entities that are commercial in nature.
* Travel and lodging expenses will be shouldered by presenter.

**PRESENTER INFORMATION**

This area is to be filled out by the details of the presenting author.

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| **COMPLETE NAME** | Click or tap here to enter text. | |
| **DESIGNATION / PROFESSION** | Click or tap here to enter text. | |
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| **BRIEF BIOGRAPHY (150 words)** | Click or tap here to enter text. | |
| **NAMES OF CO-AUTHORS + DESIGNATION & AFFILIATION + EMAIL ADDRESS + CONTACT NO.**  (Please provide a maximum of 5 names as co-authors) | | |
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| **ATTENDANCE MODE** | ☐LIVE IN-PERSON | ☐ VIRTUAL (live / recorded) |

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| **\*\*PRESENTATION MODE** | ☐ORAL | ☐ POSTER |

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| **\*\*CATEGORY** | ☐ CLINICAL RESEARCH | ☐ CASE REPORT | ☐ EDUCATIONAL / INFORMATIONAL |

***\*\*****The scientific committee will make the final decision on accepting submissions, assigning the presentation mode and/or category. Time allocation is also dynamic and may change on committee’s discretion.*

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| **ABSTRACT TITLE** | Click or tap here to enter text. |
| **ABSTRACT CONTENT (400 words maximum)** | |
| 1. Introduction / Background 2. Objectives 3. Methods 4. Results 5. Discussion 6. Conclusion(s) 7. References | |

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| *Is this abstract published or has it been presented at any international conferences?* | ☐Yes ☐ No |
| *Has this abstract won any awards?* | ☐Yes ☐ No |
| *\*Is this abstract complete?*  *(Incomplete submissions will not be reviewed)* | ☐Yes ☐ No |

For accepted abstracts, please acquire permission from your department, Chief, or Academic department to attend the conference.

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