**DEADLINE OF SUBMISSION:DEC 24, 2023 (23:59 UAE/GST)**

**NOTIFICATION OF ACCEPTED ABSTRACTS: JAN 12, 2024**

The scientific committee is delighted to receive your abstracts for the 18th SEHA International Pediatric Conference on February 16-18, 2023 at Conrad Etihad Towers, Abu Dhabi, UAE.

**CHOOSE A TRACK:**

|  |
| --- |
| [ ]  **General Pediatrics Conference** [Feb 16-18, 2023][ ]  **Pediatric Urology Minimal Invasive Conference** [Feb 17-18, 2023][ ]  **Pediatric Critical Care Conference** [Feb 17-18, 2023] |

**ABSTRACT TOPICS**

Submissions are welcome in all topics related to Pediatric Medicine but not limited to:

|  |  |
| --- | --- |
| [ ]  General Pediatrics[ ]  Pediatric Urology Minimal Invasive [ ]  Pediatric Critical Care [ ]  Pediatric Rheumatology[ ]  Genetics & Metabolic[ ]  Gastroenterology[ ]  Pulmonology[ ]  Pediatric Hematology/Oncology[ ]  Infection[ ]  PICU[ ]  Cardiology | [ ]  Neurology[ ]  Allergy[ ]  Immunology[ ]  Nephrology[ ]  Emergency[ ]  Quality[ ]  Patient safety[ ]  OTHERS: [please specify] Click or tap here to enter text. |

**AUTHOR & ABSTRACT INFORMATION**

|  |  |
| --- | --- |
| No. of abstracts | maximum of **2** entries |
| Delegated Presenter | assigning the delegated presenter should be in agreement with other authors |
| Abstract content | 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.The abstract should not only list topics to be explored, but rather summarize the main results of the work.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.The presenter shall not utilize the session to promote services, products, or other items. |
| Conference Registration[complimentary] | Delegated presenter will get complimentary registration to attend all days of the conference |
| Certificates | Delegated presenter will receive:(a) CME certificate of attendance and (b) certificate of appreciation for presenting the abstract |
| Travel & Accommodation | The presenter will arrange his or her own airfare, transportation, and hotel stays. |
| I agree on the above arrangements | [ ]  YES[ ]  NO |

|  |  |  |
| --- | --- | --- |
| *\*MODE* | [ ]  **ORAL**  | [ ]  **POSTER** |
| *\*CATEGORY* | [ ]  CLINICAL RESEARCH / CLINICAL STUDY | [ ]  QUALITY PROJECT / AUDIT | [ ]  CASE REPORT / CASE SERIES |

*\*The scientific committee will make the final decision on accepting entries and assigning the mode and/or category.*

**\*\*\* PLEASE UTILIZE THE APPROPRIATE TABLE ACCORDING TO THE ABSTRACT CATEGORY \*\*\***

**PRESENTER INFORMATION**

This area is to be filled out by the details of the **delegated presenter.**

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

|  |  |
| --- | --- |
| COMPLETE NAME | Click or tap here to enter text. |
| DESIGNATION / PROFESSION | Click or tap here to enter text. |
| INSTITUTION / FACILITY | Click or tap here to enter text. |
| COUNTRY | Click or tap here to enter text. |
| EMAIL ADDRESS | Click or tap here to enter text. |
| ALTERNATE EMAIL ADDRESS | Click or tap here to enter text. |
| MOBILE NUMBER | Click or tap here to enter text. |
| WHATSAPP NUMBER | Click or tap here to enter text. |
| **CO-AUTHORS**[Maximum of 6 co-authors] |
| Name:Designation & Affiliation:Email Address:Contact No:  | Name:Designation & Affiliation:Email Address:Contact No:  | Name:Designation & Affiliation:Email Address:Contact No:  |
| Name:Designation & Affiliation:Email Address:Contact No:  | Name:Designation & Affiliation:Email Address:Contact No:  | Name:Designation & Affiliation:Email Address:Contact No:  |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

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

|  |  |
| --- | --- |
| COMPLETE NAME | Click or tap here to enter text. |
| DESIGNATION / PROFESSION | Click or tap here to enter text. |
| INSTITUTION / FACILITY | Click or tap here to enter text. |
| COUNTRY | Click or tap here to enter text. |
| EMAIL ADDRESS | Click or tap here to enter text. |
| ALTERNATE EMAIL ADDRESS | Click or tap here to enter text. |
| MOBILE NUMBER | Click or tap here to enter text. |
| WHATSAPP NUMBER | Click or tap here to enter text. |
| **CO-AUTHORS**[Maximum of 6 co-authors] |
| Name:Designation & Affiliation:Email Address:Contact No:  | Name:Designation & Affiliation:Email Address:Contact No:  | Name:Designation & Affiliation:Email Address:Contact No:  |
| Name:Designation & Affiliation:Email Address:Contact No:  | Name:Designation & Affiliation:Email Address:Contact No:  | Name:Designation & Affiliation:Email Address:Contact No:  |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

|  |  |
| --- | --- |
| CATEGORY | **CASE REPORT / CASE SERIES** |
| ABSTRACT TITLE | Click or tap here to enter text. |
| ABSTRACT DETAILS (400 words maximum) |
| 1. Introduction / Background
2. Objectives
3. Clinical case – including diagnostic evaluation, treatment and follow-up
4. Conclusion(s)
5. References
 |

|  |  |
| --- | --- |
| COMPLETE NAME | Click or tap here to enter text. |
| DESIGNATION / PROFESSION | Click or tap here to enter text. |
| INSTITUTION / FACILITY | Click or tap here to enter text. |
| COUNTRY | Click or tap here to enter text. |
| EMAIL ADDRESS | Click or tap here to enter text. |
| ALTERNATE EMAIL ADDRESS | Click or tap here to enter text. |
| MOBILE NUMBER | Click or tap here to enter text. |
| WHATSAPP NUMBER | Click or tap here to enter text. |
| **CO-AUTHORS**[Maximum of 6 co-authors] |
| Name:Designation & Affiliation:Email Address:Contact No:  | Name:Designation & Affiliation:Email Address:Contact No:  | Name:Designation & Affiliation:Email Address:Contact No:  |
| Name:Designation & Affiliation:Email Address:Contact No:  | Name:Designation & Affiliation:Email Address:Contact No:  | Name:Designation & Affiliation:Email Address:Contact No:  |

|  |  |
| --- | --- |
| *This abstract has been published / presented in an international conference/s* | [ ] Yes [ ]  No  |
| *This abstract has received awards* | [ ] Yes [ ]  No  |
| *\*Is the abstract complete?* | [ ] Yes [ ]  No  |

*\*Incomplete submissions will not be considered for review*

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Abu Dhabi Department of Culture & Tourism**
[DCT requirements]

Please note that after review and acceptance of your abstract, the presenter must provide the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DCT Documents** | **photo**[white background preferably] | **Passport copy** [with Unified ID no. for Emiratis] | **DCT Speaker/Presenter permit form** | **Emirates ID** | **UAE residence visa** |
| **International** | YES | YES | YES | N/A | N/A |
| **UAE** | YES | YES | N/A | YES | YES |

|  |  |
| --- | --- |
| I agree on the submission of DCT requirements | [ ]  YES[ ]  NO |

For accepted abstracts, please obtain authorization from your department or Chief or Academic department regarding attendance to the conference.

**DEADLINE OF SUBMISSION:DEC 24, 2023 (23:59 UAE/GST)**

**NOTIFICATION OF ACCEPTED ABSTRACTS: JAN 12, 2024**