The scientific committee is delighted to receive your abstracts for the “**6th Emirates Paediatric Haematology & Oncology Conference**," scheduled to take place on **May 4 - 5, 2024, at the Grand Hyatt, Abu Dhabi, UAE.**

As you proceed with your abstract submission, please thoroughly review the general submission guidelines and ensure your agreement to the terms and conditions outlined by the 6th Emirates Pediatric Hematology & Oncology Conference committee**.**

**DEADLINE OF SUBMISSION: 15 FEBRUARY 2024 (23:59 UAE/GST)**

**NOTIFICATION OF ACCEPTED ABSTRACTS: 15 MARCH 2024**

**AUTHOR & ABSTRACT INFORMATION**

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| **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** |
| **I agree on the above arrangements** | **YES**  **NO** |

**ABSTRACT TOPICS**

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| **GENERAL SCOPE:**  **☐ Pediatric Hematology**  **☐ Pediatric Oncology**  **☐ OTHERS** |

**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. | |
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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, and assigning the presentation mode and/or category. Time allocation is also dynamic and may change at the 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.

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

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

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| **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 |

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| I agree on the submission of DCT requirements | YES  NO |

* **Speakers Profile Form** (<https://shorturl.at/hF237> ) **DCT Speaker permit** ([download form here](https://www.menaconference.com/media/2023/09/Speaker_Licensing_Form_pdf_11Sep2023152505.pdf))