

ABSTRACT SUBMISSION FORM

Please complete the form and return it to the Congress Secretariat via EMAI by 30 September 2018 at mskuspm@icc.com.hk

Please ✓ the appropriate).

Title: Prof. Dr. Mr. Ms. Mrs. Others:

First Name: Last Name:

Department & Institution:

Correspondence Address:

Country: Phone: Fax: Email:

Title of Abstract:

Abstract Category: Regional Anaesthesia Pain Medicine Others (please specify):

Presenting Author:

Authors and Co-authors' name:

(First name then last name)

Authors and Co-authors' affiliations:

(Department, Institution, Country)

Copyright Transfer: *(Check this box to give us permission to print your submission in the final Programme and Congress Programme Book in printed or/and electronic form, and the Forum website upon acceptance.)*

Conflict of Interest: Do the author(s) have any commercial interests or associations that might pose a conflict of interest regarding this submission?

Yes No

Abstract must be submitted in English. Maximum 300 words: Your abstract may be rejected if the word limit is exceeded.