**ABSTRACT GUIDELINES & FORM**

The scientific committee is delighted to receive your abstracts for the **6th Abu Dhabi International Vascular Conference** to be held on **11-12 October 2024, Sofitel Hotel, Abu Dhabi, UAE.**

**BENEFITS:**

**MAIN SESSION OPPORTUNITY:**

The top three poster presenters will have the opportunity to present their work in the main session of the conference

**RECOGNITION AND PRIZES:**

Outstanding contributions will be recognized on Day 2 of the conference.

We look forward to receiving your innovative and impactful abstracts!

**DEADLINE OF SUBMISSION: 10 AUGUST 2024**

**NOTIFICATION OF ACCEPTED ABSTRACTS: 20 AUGUST 2024**

**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  ☐ Vascular Imaging  ☐ Vascular Rehabilitation  ☐ Trauma  ☐ Vascular Surgery |

**AUTHOR & ABSTRACT INFORMATION**

* **A maximum of 2 abstracts can be submitted.**
* For abstracts with multiple authors, you need to agree on one person that will be presenting the abstract in 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/accommodation expenses will not be provided**

**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. | |
| **INSTITUTION / FACILITY** | 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. | |
| **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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