**DEADLINE OF SUBMISSION:MARCH 31, 2025 (23:59 UAE/GST)**

**NOTIFICATION OF ACCEPTED ABSTRACTS: APRIL 7, 2025**

The scientific committee is pleased to invite you to submit abstracts for the **Burjeel Medical Conference 2025: Complex Medical and Surgical Cases Management**, taking place on **May 30-31, 2025**, at the **Rosewood Hotel, Abu Dhabi, UAE**. We look forward to your valuable contributions to this prestigious event.

Submissions are invited on all topics related to the following areas:

|  |  |
| --- | --- |
| Internal Medicine  Urology  Orthopedics  Critical Care Medicine  Cardiology  Cardiac Surgery  General Surgery  Emergency Medicine | Neurology  Pulmonology  Ophthalmology  Gynecology & Obstetrics  Pediatrics  Gastroenterology  OTHERS: [please specify]  Click or tap here to enter text. |

**PRESENTER / AUTHOR INFORMATION**

|  |  |
| --- | --- |
| No. of abstracts | maximum of **2** entries |
| Delegated Presenter | Only **one presenter** is permitted to present the abstract. The designated presenter must be agreed upon by all co-authors. |
| Abstract content | * Abstracts must provide sufficient detail for reviewers to evaluate the topic's significance, methodology, findings, and conclusions. * They should summarize key results rather than merely listing topics. * Only completed studies with original scientific data are accepted; ongoing research is not permitted. * Presentations must remain scientific and avoid promotional content. |
| Conference Registration [complimentary] | Delegated presenter will get complimentary registration to attend the 2-day conference |
| Author & Presenter Information | **I am the PRINCIPAL AUTHOR**  **I am a CO-AUTHOR**  The selected abstract / presenter will receive:   * Complimentary registration * Certificate of attendance (CME certificate) * Appreciation certification for presenting at the conference |
| Travel & Accommodation | The presenter is responsible for arranging his or her own airfare, visa, transportation, and hotel stays. |
| I agree on the above arrangements | YES  NO |

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| *\*MODE* | POSTER ONLY | | |
| *\*CATEGORY* | CLINICAL RESEARCH / STUDY | QUALITY PROJECT / AUDIT / SURVEY | CASE REPORT / CASE SERIES |

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

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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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**ABSTRACT INFORMATION**

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

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

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| 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 | |

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| **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: |
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| CATEGORY | **QUALITY PROJECT / AUDIT / SURVEY** |
| 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 | |

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| Name: Designation & Affiliation: Email Address: Contact No: | Name: Designation & Affiliation: Email Address: Contact No: | Name: Designation & Affiliation: Email Address: Contact No: |
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| 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 | |

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| **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: |
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| --- | --- |
| 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:

|  |  |  |  |  |  |
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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 resident** | 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.

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