**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 |

|  |  |
| --- | --- |
| *\*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.*

|  |  |
| --- | --- |
| 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.** |

**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.**

|  |  |
| --- | --- |
| 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
 |

|  |
| --- |
| **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 / 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
 |

|  |
| --- |
| **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
 |

|  |
| --- |
| **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 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.

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

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