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| **Title: (Prof, Dr …)** |  |
| **First name:** |  |
| **Last name:** |  |
| **Affiliation:** |  |
| **Degree** |  |
| **Tel:** |  |
| **Email Address:** |  |
| **Postal Address:** |  |
| **City/ Country:** |  |

**Presenter Contact Details**

**Please select your proposed panel theme**

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| **Oral Medicine** |  | **Implantology** |  | **Endodontics** |  | **Orthodontics** |  | **Oral Pathology** |
| **Oral and Maxillofacial Surgery** |  | **Aesthetic-operative dentistry** |  | **Periodontics** |  | **Prosthodontics** |  | **Oral Health** |
| **Online learning** |  | **Basic research** |  | **Oral radiology** |  | **Pedodontics** |  | **Others** |

**Oral presentation: 10mins (Pre-recorded) & 2 mins Q/A**

**TITLE (Max 20 words)**

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**LEARNING OBJECTIVES (PLEASE PROVIDE AT LEAST 3 L.O., Max 60words)**

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| **1.**  **2.**  **3.** |

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| **Introduction**  **Material and Methods**  **Results**  **Conclusion** |

**ABSTRACT (Max 200 words)**

**KEYWORDS (please provide at least 3)**

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**List of authors**

**(Please name all authors if several and add additional fields if necessary)**

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| --- | --- |
| Full Name | Affiliation |
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