**Please complete all sections of this form.**

**Submitting Author**

|  |  |
| --- | --- |
| First Name:  |  |
| Surname:  |  |
| Contact Email: |  |

**Title of submission**

|  |
| --- |
| Enter the full title of your submission: |
|  |

**Author(s)**

|  |  |
| --- | --- |
| Author No 1:  |  |
| First Name:  |  |
| Surname:  |  |
| Affiliation/Institution: |  |

|  |  |
| --- | --- |
| Author No 2:  |  |
| First Name:  |  |
| Surname:  |  |
| Affiliation/Institution: |  |

|  |  |
| --- | --- |
| Author No 3:  |  |
| First Name:  |  |
| Surname:  |  |
| Affiliation/Institution: |  |

|  |  |
| --- | --- |
| Author No 4:  |  |
| First Name:  |  |
| Surname:  |  |
| Affiliation/Institution: |  |

**Submission Type (please indicate your preference)**

|  |  |
| --- | --- |
| Poster Presentation: |  |
| Oral Presentation: |  |
| DVD Presentation:  |  |

**Prior Publication**

|  |  |  |
| --- | --- | --- |
| Has the abstract been published previously? | Yes | No |
| If yes please give details:  |

**Conflict of Interest**

|  |  |  |
| --- | --- | --- |
| Do the author(s) have any commercial interests of associations that might pose a conflict of interest?  | Yes | No |
| If yes please give details:  |

**Abstract Text**

Do **NOT** enter author and institution information on this section of the form.

Do **NOT** write outside the boxes. Any text or images outside the boxes **will** be deleted.

Do **NOT** alter this form by deleting parts of it or adding new boxes. Simply enter your information into the boxes.

Save this file in **.doc** format and email to: cynthia@augis.org

(Your abstract must use regular style and font 12 and must not exceed word count. Do not enter author details)

|  |
| --- |
| **Title (25 words max)** |
|  |
| **Background (100 words max)**  |
|  |
| **Methods (100 words max)** |
|  |
| **Results (100 words max)** |
|  |
| **Conclusion (100 words max)** |
|  |
| **Author Approval -** I confirm that this submission has been approved by all authors |
|  |