

**ABSTRACT REGISTRATION FORM**

Waves in a Woman’s Life

2nd Edition of Menopause Dubai

Raffles Dubai, 13th St., Sheikh Rashid Rd., Wafi City, Dubai

Thursday 7th March – Saturday 9th March 2019

**Please return both pages of the completed abstract registration form and abstract to : abstract@menopausedubai.org.**

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| Abstract Title (max 100 characters) |  |
| Brief Description (max 60 words) |  |
| Name of Presenting Author |  |
| Job Title |  |
| Speciality |  |
| Organization |  |
| Website |  |
| Presenting Author Biography (max 100 words) |  |
| Theme:1. Aesthetic Dermatology2. Cosmetic Gynecology3. Reproductive Endocrinology4. Menopause Care5. Regenerative Medicine6. Surgical Lasers |
| Presenting Author E-mail Address |  |
| Presenting Author Mailing Address |  |
| Co-authors and Affiliationse.g. Author’s full name (Affiliation) | 1.2.3.4.5. |
| Has this previously been presented or published |  YES NO |
| If Yes, state where and when |  |

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**To the best of my knowledge:**

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|  | I **DO NOT** have a Conflict of Interest |

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| Nature of Conflict (be specific): |

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I confirm that,

* The work submitted is my own and I have been authorized by all co-authors to submit this abstract with the right to publish and report.
* I am responsible for the content including illustrations, images, figures and tables submitted.
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| **Signature of presenting author** |  |
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**ABSTRACT TEMPLATE**

*(maximum of 500 words in total)*

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**Title:** *maximum of 100 characters*

**Authors:** *\*not included in word count*

**Objectives/Background:**

**Design/Methods:**

**Results & Discussion:**

**Conclusions:**