



APPLICATION FORM FOR ORAL OR POSTER PRESENTATION (ABSTRACT SUBMISSIONS)

I, the undersigned below :

1. Name :
2. Email address :
3. Handphone / Phone number:
4. Abstract Title :
5. Work Experience :
6. Formal Education :
7. Presentation preference : Oral / Poster (Circle the selection, The final decision will be made by scientific committee)
8. Approval of the supervisor /mentor* : Already approved / Not yet
9. Name of supervisor /mentor * :

Enroll as a participant in the oral or poster presentation (abstract submissions) of The 12th Indonesian Occupational Medicine Update 2018 and is willing to meet the requirements set by the committee.

*: Circle the selection(for Occupational Medicine Resident/Student of Master Occupational Medicine)

Best regards,

(.....)