

The 5<sup>th</sup> Asian Congress of Oral and Maxillo-Facial Radiology

Office Only NO. _____
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ABSTRACT FORM

**Abstract deadline:**

- If accepted, I prefer:  Oral presentation  Poster presentation
- When sending it in by post to the Secretary General, you must also send a copy of your abstract on disk (PC format with document in Word 2000 or higher).
  - Submit via E-mail: Please return it to the Secretary General: [onanong.c@chula.ac.th](mailto:onanong.c@chula.ac.th) with an attached document in Word 2000 or higher.

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Type your abstract inside the borders. (Maximum 300 words)

Please indicate a choice of up to 3 sessions from the list in which you feel your submission would best fit.

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|--|---|
| <input type="checkbox"/> Clinical studies: teeth and jaws          | <input type="checkbox"/> Diagnosis: validity/ observer/ performance           |
| <input type="checkbox"/> Clinical studies: Maxillofacial (not TMJ) | <input type="checkbox"/> CT/ MRI/ Ultrasound                                  |
| <input type="checkbox"/> Clinical studies: Maxillofacial (TMJ)     | <input type="checkbox"/> Digital radiology                                    |
| <input type="checkbox"/> Radiation                                 | <input type="checkbox"/> Salivary radiography <input type="checkbox"/> Others |