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|  | **Scottish Perioperative Medicine Society**  **Inaugural Annual Meeting June 2025**  **Abstract Submission Form** | | | |
|  | | | | |
| **Abstract Title** | | | | |
| Enter title here | | | | |
|  | | | | |
| **Corresponding Author** | | | | |
| **Name** | | Enter your name here | | |
| **Designation** | | Enter your designation here | | |
| **Institution** | | Enter your institution here | | |
| **Address** | | Enter your institution address here | | |
| **Email** | | Enter your email address here | | |
|  | | | | |
| **Submission to be considered for** | | | | |
| **Oral presentation** | | | ☐ | *You may select both forms of presentation if you wish, but if your abstract is accepted, it will only be in one category* |
| **Poster presentation** | | | ☐ |
|  | | | | |
| **Completed forms should be emailed to:** scotpoms@gmail.com | | | | |
|  | | | | |
| **Closing date is Friday April 11th @ 5pm**  **Please send any queries to** scotpoms@gmail.com | | | | |
|  | | | | |
| **Please remember to register for the meeting if you have not already done so! Thank you** | | | | |

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| **Abstract text (maximum 300 words)** |
| Enter your abstract text here. You can copy and paste from another document if necessary |