**8th Rising Nuclear Medicine Professional Challenge**

**Abstract Submission Form**

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| **\*First Name** |  |
| **Middle Name** |  |
| **\*Last Name** |  |
| **\*Title** | ◻ Prof. ◻ Dr. ◻ Mrs. ◻ Ms.  ◻ Mr. ◻ Other: \_\_\_\_\_\_ |
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| **\*Email** |  |
| \***Title of Abstract** | |

\* Please attach the **CV** and the **Recommendation Letter** in the next page.

**Recommendation Letter**

\* Please make sure to attached the Recommendation Letter of your local Regional Principal

**Curriculum Vitae**

\*Please attach an electronic copy of your CV in this Submission Form

**Abstract**