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| Joint AnnualScientific Meeting 2022 **(Hybrid Meeting)** The Hong Kong Paediatric Society,Hong Kong College of Paediatricians, **Hong Kong Paediatric Nurses Association**  **&**  **Hong Kong College of Paediatric Nursing**  **26th November 2022 (Saturday)**  **Venue: Hong Kong Children’s Hospital**  **All Healthcare Professionals are Welcome!** |

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| **Instructions:** |

**Abstract Form**

1. Abstract Form is available for download at [**http://medicine.org.hk/hkps**](http://medicine.org.hk/hkps)

[**http://www.paediatrician.org.hk/**](http://www.paediatrician.org.hk/)

[**http://www.hkpna.com.hk**](http://www.hkpna.com.hk)

[**http://www.hkcpn.com**](http://www.hkcpn.com)

1. **Submitted abstracts should not have been published in any local or international journal in full paper form prior to the joint ASM.**
2. **All accepted abstracts will be published in the Hong Kong Journal of Paediatrics as submitted, directly reproduced from the electronic submission.**
3. **Table and graphics should be kept to a minimum and will not be published in the Journal.**
4. All abstracts must be submitted in WORD file via email conforming EXACTLY to the format of this Abstract Form.
5. All abstracts must be in English, within the space allotted on the Abstract Form
6. The abstract should be no more than 250 words, summarizing with the following headings: Background/ Introduction, Purpose, Methods, Findings, Conclusions
7. The suggested font type and size is Times New Roman, 10/11 points. The abstract should be single line spacing.
8. More than one abstract could be submitted.
9. Provide the title of the paper in BOLD CAPITAL LETTERS.
10. Provide name of author(s) followed by the name of the institution.
11. Indicate the names of the authors according to the following format: Initials of given names without punctuation followed by family name. Underline the name of the presenting author.

**Please tick in appropriate box**

**Title: 🞎 Prof 🞎 Dr 🞎 Mr 🞎 Ms 🞎 Miss**

**Please type or print your name in CAPITAL letters.**

**Name:**

**Family Name**

**Given Name**

**Institution:**

**Profession:**

**🞎 Doctors / Postgraduate students / Medical students**

**🞎 Nurses / Allied health / other professionals**

**Email:**

**Mailing Address:**

**Telephone No.**

**Facsimile No.**

**Indicate preferred format of presentation:**

🞎 Oral

🞎 Poster

🞎 Either oral or poster

Send your abstract form via email:

**hkps.katie4@gmail.com**

**Deadline: 31st August 2022**