

# **Registration and Abstract Submission Form**

Please fill in this abstract submission form in CAPITAL LETTERS and tick where appropriate. This abstract applies for delegates submitting one abstract only. You are kindly requested to send this form by fax or e-mail to C&C International Group of Companies: Tel.: +30 210 6889130, Fax.: +30 210 6844777 (attn. Registrations & Abstracts Dpt.), e-mail (Registrations & Abstracts Dpt.): <u>eir-abstracts@candc-group.com.</u> You may also register online at: <u>www.excellence-in-rheumatology.org</u> Kindly note that only REGISTERED delegates can submit an abstract. Please note that abstract submitted without registration number will not be accepted.

If you send this form **by email**, please attach the abstract in the same email to: <u>eir-abstracts@candc-group.com</u> You may also register & submit an abstract at the same time online at: <u>www.excellence-in-rheumatology.org</u>

**To be completed if already registered:** Receipt Date:

Registration number:

# **REGISTRATIONS DATA**

I. DELEGATE'S DETAILS						
Surname:						
First name:						
Title (Dr, Mr, Mrs, Ms, other):	Male Female					
Position / Department / Organisation:	<b>Example</b> Professor/Assistant Dean for Clinical Affairs/ Complete Denture and Biomaterials Departments Medical Center, University of Michigan, Ann Arbor, MI, U.S.A.					
Correspondence Address (Street & Nr):						
Organisatio	on Home					
City/Town: Post Code:	Country:					
Tel. (please include country code):	Fax:					
Mobile:	E-mail*:					
Social media account(s) (URL) : /// _// _// _// _// _// _// _// _// _// _// _// _// _// _/// _/// _/// _/// _/// _/// _/// //						
II. ACCOMPANYING PERSON'S DETAILS						
Surname:						
First name:						
Male Female Adult	Child Year of birth:					
A letter confirming your registration will be sent to you within three (3) working days after having received both this Registration & Abstract Submission Form and your payment. Should you not receive this letter in due time, please contact the Conference Organisers.						
III. CONTACT PERSON IN CASE OF EMERGENCY						
Surname:						

First name:										

Mobile:

E-mail:

## IV. HOW DID YOU LEARN ABOUT THE CONFERENCE

#### Please select one or more of the following options:

1) E-mail	5) Journal / Scientific Publication	9) Colleague
2) Internet	6) Poster	10) Professional / Scientific Association
3) Industry	7) Scientific Event	11) Newsletter
4) Speaker	8) Social Media	12) Other - Please specify :

## **V. VISA REQUIREMENTS**

#### If you need visa invitation, please tick the box $\square$

To find out if you need a visa for your trip to Spain please visit the official website of The Spanish Ministry of Foreign Affairs and Cooperation at:

http://www.maec.es/subwebs/consulados/hongkong/en/menuppal/requirementsentrspainvisas/Paginas/visas.aspx

## VI. REGISTRATIONS (VAT is included)

All prices are quoted in Euros (€)

	PARTICIPATION TO EXCELLENCE IN RHEUMATOLOGY 2012							
REGISTRATION TYPE	Early "Bird" Registration Until 27 June 2011	Early Registration from 28 June 2011 until 24 October 2011	Late Registration from 25 October 2011 until 13 January 2012	ON-SITE Registration 25-28 January 2012				
Full Delegates	450€	690€	770€	890€				
Trainees / Allied Health Professionals*	300€	460€	530€	620€				
Accompanying Persons	170€	3	190€	190€				

\* Trainees and Allied Health Professionals are kindly requested to provide the Conference Organisers with an official proof of status from the Institution/Hospital they practice their specialty in.

#### **Registration entitlements:**

Registration fee includes :	Full Delegates	Trainees/Allied Health professionals	Accompanying Persons
Participation in all scientific sessions			
Entrance to the exhibition area			
Participation in the Opening Ceremony		•	
Participation in the Welcome Reception		•	
Conference Materials		•	
Coffee Breaks		•	
Lunch Breaks		•	
Certificate of attendance		•	
City Tour			

## **VII. CANCELLATION & SUBSTITUTION POLICY**

For written cancellations or substitutions\* received:

	Period	Administrative fee
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Up to <b>August 15<sup>th</sup>, 2011</b>	NO
from August 16 <sup>th</sup> 2011 to October 31 <sup>st</sup> 2011	€ 60
from November 01 <sup>st</sup> 2011 to January 7 <sup>th</sup> 2012	50% of registration fee
from January 8 <sup>th</sup> , 2012	100% of registration fee

All refunds will be processed within two (2) months from the conclusion of the Conference.

\* In case of alteration, a duly filled in Registration form for the replacing delegate must be submitted to the Conference Organisers.

#### **VIII. REGISTRATION PROCEDURE**

You may pre-register for the Excellence in Rheumatology by forwarding the Registration Form and your payment to the Conference Organisers following the deadlines outlined in section VI. From January 14th 2012 and onwards, registrations will be accepted only at the Conference Secretariat which will be operating in the Conference Venue.

### **IX. PAYMENT DETAILS**

You can pay for your registration fee by credit card (belonging either to you or to a third party) or cash on site in EUR only. **Personal cheques are not accepted.** 

Please fill in the following fields and tick where appropriate:

Payment by credit card: Visa	MasterCard	AMEX 🗆	(not accepted for on line and	on site registrations)
Credit card number:				
Card expiry date:				
Mont	h Year			
Cardholder's name:				
Cardholder's telephone number (please include country code):		(as displayed	on the card)	
Bank issuing Details:				
Three digit numbers as displayed a	t the back side of you	ır card:		
any subsequent changes In case you provide information fo ID card) is required in order to con Fax: +30 210 6844 777 (attn. Regist	in view of his/h r a credit card that belon firm the transaction. Pleas	ner participation ir Cardholder's Signa (Please do n gs to a third party, a p se send the requested	a the Excellence in Rheu ature: ot type your name: Original s hotocopy of the credit card a documentation to the Confe	matology. ignature is required.) and the cardholder's passport (or
Please tick one of the following billi	ng options:	Receipt* 🗆	Invoice 🗆	
In case of invoice please fill in the fo				
Individual's name/ Company Name:				
Profession/ Field of activities:				
Address (street & number):				
Zip code:	City:		Country:	
Tel. (please include country code):				

ax (please include country code:	E-mail:
ax ID Nr.:	Local Tax Authority-DOY (Greek delegates only)
* A receipt will be issued in case you	do not choose one of the options.
postpone the Conference. In the event of conference Organisers will notify cancel or postpone. The Conference Organ from cancellation or postponement of the accept no liability for any loss or damage su It should be noted that the data given in	<b>the in Rheumatology</b> reserve the right at any time to change the programme or to cancel of ancellation or postponement, their liability is limited to refunding any registration fee alread by registered participants at the address shown on their registration form of any decision to disers strongly recommend attendees to book their own insurance against any losses arisin Conference or the inability of a participant to attend for any reason whatsoever, and the differed by any participant or accompanying person or other person whatsoever." In this form will not be disclosed to any third parties who are not directly involved in the <b>ology</b> nor will it be publicized in any other way.
	f my personal data by C&C International Group of Companies, for the purpose of sendin to conferences with similar topics as well as promotional and advertising e-mails as part of it YES  or NO
I hereby confirm that I have read and und accept without any reservations.	derstood the registration terms as well as the cancellation and substitution policy, which
Date	
	ABSTRACTS DATA
If the registered delegate is other than the pre	esenting author, please tick here
GUIDELINES	
A. Format (please refer to the example of	overleaf)

Given that the abstracts will be published in the Book of Abstracts which will be published as a **supplement** to the **Rheumatology Journal** published by **OXFORD University Press** and in the Final Programme **exactly** in the form they are submitted, authors are kindly requested to adhere to the following guidelines:

- Language: English
- Abstract text word limit: **300** words<sup>1</sup> (names and affiliation details excluded)
- Suggested font: Tahoma, size 10 cpi
- Text justification : full
- Spacing between the title, the author(s) and the abstract text: Single
- Line spacing of the text: Single
- Abstract title typed in UPPER CASE
- Surname(s) of the author(s) typed in lower case preceded by the first name(s) written in full.(e.g. Maria Reynolds)
- Please indicate the presenting author's name as the example overleaf
- All authors' affiliation details [department, institution / hospital, city / town, state (if applicable) and country] should be written under the names, preceded by the corresponding indices. The affiliations should NOT be mentioned in the abstract text.
- The abstract should follow the below standard structure (the titles being typed in lower case and in bold):
  - Background
  - Methods
  - Results
  - Conclusions
- The text may include standard abbreviations, tables, diagrams and photographs; as long as they stay within the page margins and that the total amount of words does not exceed the above mentioned limit (300 words).

# Disclosure of interests' conflict

Please insert one of the following statements at the end of your abstract in order to declare any conflicts of interest: 'Disclosure statement: The authors have declared no conflicts of interest.'

'Disclosure statement: A.B. (author's name) received an honorarium from X (party provided honorarium). All other authors declared no conflicts of interest (please refer to the example overleaf)

The responsibility for accuracy rests with the author

<sup>&</sup>lt;sup>1</sup> For your convenience please note that you can count the words by clicking "Word Count" on the Tools Menu of Microsoft Office Word.

#### **B.** Submission

#### Via e-mail:

You may send the abstract to the e-mail address <u>eir-abstracts@candc-group.com</u> attaching:

a) the Registration & Abstract submission form duly completed

b) the abstract in Microsoft Office Word having followed the instructions given above.

#### Via website:

You may submit your abstract by clicking on the Submit an Abstract online at <u>http://www.excellence-in-rheumatology.org</u> and completing all required fields. If you should experience any problems with the online submission, please do not hesitate to contact the Conference Organisers.

 $\Box$ 

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## Abstracts submitted via fax will NOT be accepted.

## **XI. THEMATIC STREAMS**

Please select the thematic stream of your paper by checking (X) the apposite boxes below:

- Spondylarthritis
- Osteoarthritis
- Dermatomyositis-scleroderma
- Lupus Erythematosus & Vasculitis
- Osteoporosis
- Paediatric & Adolescent Rheumatology

#### **XII. PRESENTATION FORMAT**

Presentation types include: **Oral** and **Poster** presentations.

Please bear in mind that the Scientific Advisory Board will review all submitted abstracts and decide on the form of presentation (oral or poster) as well as on the thematic stream the abstract will be presented under.

#### NOTES

#### 1. The abstract submission deadline is 12 October 2011.

2. Abstracts for the Excellence in Rheumatology can be submitted by e-mail (<u>eir-abstracts@candc-group.com</u>) or online only.

3. In order to submit an abstract, at least the presenting author has to be registered to the Conference. In case the same author presents more than one abstract, for each additional abstract a different co-author must be registered to the Conference.

4. An author may present one (1) paper only. However, anyone listed as co-author may present another person's paper, if the main author/presenter is not able to attend the Conference.

5. The Scientific Advisory Board of the Conference will decide on the presentation type of each abstract, the thematic stream the abstract will be presented under as well as on the date and time of each presentation.

6. The author indicated as the contact person will be notified about the successful submission of the abstract within three (3) days of it being received. In the event that such notification is not received, please contact the Conference Organisers.

7. Presenting authors will be informed about the status of their abstract (accepted / rejected), by 31 October 2011.

8. All accepted abstracts will be included in the Book of Abstracts of Excellence in Rheumatology, which will be published as a **supplement** to the **Rheumatology Journal** published by **Oxford University Press. Abstracts from non registered authors will not be accepted.** 

9. The author acknowledges and agrees that both the supplement to the Rheumatology Journal referred to in paragraph 8, and/or each individual abstract submitted by them, may be published in hard copy form made available online to subscribers of the Rheumatology Journal, reproduced in whole or in part for marketing purposes by the Conference Organisers and/or reprinted by the publishers in whole or in part for resale in English or in any other language.

10. The deadline to withdraw an abstract is **23 October 2011.** After that date no withdrawals will be accepted and the approved abstracts will be published in the Book of Abstracts and/or posted on the Conference website.

11. The author hereby warrants that each abstract submitted by them has not previously been published in any form, including electronic, and is in no way a violation of existing copyright and that it contains nothing libellous, obscene, or misleading. The author hereby agrees to indemnify the Conference Organisers and/or the publisher on demand against any losses incurred as a result of a breach of this warranty.

12. Please read carefully and follow the instructions, as incomplete submissions will not be reviewed.

## ABSTRACT WITHDRAWAL

If you wish to withdraw an abstract, please contact the **Conference Organisers** by **23 October 2011**, otherwise the abstracts, if accepted, will be published in the **Excellence in Rheumatology** Book of Abstracts and/ or will be posted on the Conference website.

#### ABSTRACT EXAMPLE

AKJSHDKJ AKDHKSJDH AKSHDKAJSHD JHJ IWDB KJHA John Smith<sup>1</sup>, Maria Reynolds<sup>2</sup>, Steve Mc Donald<sup>1</sup> Presenting Author : Maria Reynolds 1.St Marv's Hospital, London, UK 2. University of East Anglia, School of Medicine, UK Background: Ababa baba bababa babab ababa bcna anbs sb anbs ansb na **Methods:** Ababa baba bababa babab ababa bcna anbs ansb ansb ansb **Results**: Ababa bababa bababa babab ababa bcna anbs ansb ansb ansb **Conclusions** : Ababa baba bababa babab ababa bcna anbs anbs anbs **Disclosure of interests' conflict** □ Disclosure statement: The presenting author have declared no conflicts of interest.' Disclosure statement: A.B. (author's name) received an honorarium from X (party provided honorarium). All other authors declared no conflicts of interest

# **ABSTRACT SUBMISSION DEADLINE: 12 OCTOBER 2011**

#### The Conference Organisers remain at your disposal for any further information and/or assistance required.

I hereby declare that I have been informed about and have accepted the rules prevailing the abstract editing and submission procedure for presentation during the Excellence in Rheumatology Conference, as well as publication in the proceedings of the Excellence in Rheumatology Conference Book of Abstracts and/or http://excellence-inrh<u>eumatology.org</u>.

Date:	// day month year			Signature:						
0	C&C	International	E. eir-info@candc-group.c T. +30 210 68 89 130 F. +30 210 68 44 777	com			Association Management Professional Congress Organiser Events & Destination Management			

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Events & Destination Management Strategy & Communication