

# Inscription form work

## "International Convention 2017"

**Work title:**

|  |    |  |
|--|----|--|
| <b>Names of the authors (up to 5):</b> | 1. |  |
|  | 2. |  |
|  | 3. |  |
|  | 4. |  |
|  | 5. |  |

|               |                       |
|---------------|-----------------------|
| <b>Email:</b> | <b>Contact phone:</b> |
|---------------|-----------------------|

|                     |                 |
|---------------------|-----------------|
| <b>Institution:</b> | <b>Country:</b> |
|---------------------|-----------------|

**Quality of participation as:** Delegate  Participant

**Modality proposed:** Conference  Electronic Poster  Cartel  Free Theme   
 Round Table  Video conference

**Corresponding specialty work:**

**Lounge where you want to place this work: (mark with an x)**

|   |   |
|---|---|
| <input type="checkbox"/> Intensive Medicine and emergencies<br><input type="checkbox"/> Nephrology<br><input type="checkbox"/> Cardiology<br><input type="checkbox"/> Natural and Traditional Medicine<br><input type="checkbox"/> Neurology<br><input type="checkbox"/> Dermatology<br><input type="checkbox"/> Internal medicine<br><input type="checkbox"/> Maxillofacial surgery<br><input type="checkbox"/> Pathological Anatomy<br><input type="checkbox"/> Microbiology<br><input type="checkbox"/> Transfusional Medicine<br><input type="checkbox"/> Clinical Laboratory<br><input type="checkbox"/> Nursing | <input type="checkbox"/> Ethics and History of the medicine<br><input type="checkbox"/> Medical Teaching<br><input type="checkbox"/> Aging<br><input type="checkbox"/> Urology<br><input type="checkbox"/> Cosmetic surgery and burns<br><input type="checkbox"/> Neurosurgery<br><input type="checkbox"/> Anesthetics<br><input type="checkbox"/> Orthopedics<br><input type="checkbox"/> General Surgery<br><input type="checkbox"/> Otorhinolaryngology<br><input type="checkbox"/> Medical technologies |
|---|---|

**Structured abstract (250 words):**

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**Note:**

The Scientific Committee of the event reserves the right to accept and schedule conferences in correspondence with the number of jobs and availability of time in the program. You will be notified in advance about it. Send mail form to [congresocg@infomed.sld.cu](mailto:congresocg@infomed.sld.cu)