

## Registration & Abstracts Submission Form

Please fill in this registration form in CAPITAL LETTERS and tick where appropriate. This registration form is for one delegate only and his/her accompanying person(s). 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.): [eir-reg@candc-group.com](mailto:eir-reg@candc-group.com)

You may also register online at: [www.excellence-in-rheumatology.org](http://www.excellence-in-rheumatology.org)

**To be completed by the CO:**

Receipt Date:

Registration number:

### REGISTRATIONS DATA

#### I. DELEGATE'S DETAILS

Surname:

First name:

Title

(Dr, Mr, Mrs, Ms, other):

Male

Female

Position / Department / Organisation:

**Example**

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):

Organisation  Home

City/Town:

Post Code:

Country:

Tel. (please include country code):

Fax:

Mobile:

E-mail\*:

Social media account(s) (URL) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*\*Kindly note that this field is mandatory, as all correspondence will be delivered via e-mail.*

#### 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

To find out if you need a visa for your trip to Turkey please visit the Republic of Turkey Ministry of Foreign Affairs e-Consulate pages [http://www.e-konsolosluk.net/Visa/Visa\\_Welcome.aspx](http://www.e-konsolosluk.net/Visa/Visa_Welcome.aspx).

#### VI. REGISTRATIONS (VAT is included)

All prices are quoted in Euros (€)

REGISTRATION TYPE	PARTICIPATION TO EXCELLENCE IN RHEUMATOLOGY 2011		
	Early Registration Until 01 November 2010	Late Registration 02 November 2010 – 07 February 2011	ON-SITE Registration 17-19 February 2011
Full Delegates	660€	730€	850€
Trainees / Allied Health Professionals*	450€	520€	610€
Accompanying Persons	150€	170€	180€

\* 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
Up to <b>September 3<sup>rd</sup>, 2010</b>	<b>NO</b>
from <b>September 04<sup>th</sup> 2010</b> to <b>December 31<sup>st</sup> 2010</b>	<b>€ 60</b>
from <b>January 01<sup>st</sup> 2011</b> to <b>January 7<sup>th</sup> 2011</b>	<b>50%</b> of registration fee
from <b>January 8<sup>th</sup>, 2011</b>	<b>100%</b> 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.





# ABSTRACTS DATA

If the registered delegate is other than the presenting author, please tick here

## GUIDELINES

### A. Format *(please refer to the example 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*

### B. Submission

#### Via e-mail:

You may send the abstract to the e-mail address [eir-abstracts@candc-group.com](mailto:eir-abstracts@candc-group.com) attaching:

- a) the Registration & Abstract submission form duly completed and
- 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 <http://www.excellence-in-rheumatology.org> and completing all required fields. If you should experience any problems with the online submission, please do not hesitate to contact the conference organisers.

*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:

- **Systemic autoimmune diseases**
- **Co-morbidity**
- **Inflammatory arthritis**

## XII. FORM OF PRESENTATION

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

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

<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.

**NOTES**

1. The abstract submission deadline is on **October 15<sup>th</sup>, 2010**.
2. Abstracts for the Excellence in Rheumatology can be submitted by e-mail 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 maybe listed as co-author on multiple papers and may present another person’s paper if the original presenter is not able to attend the Conference.
5. The Scientific Advisory Board of the Conference will decide upon the presentation type of each abstract, the thematic stream the abstract will be presented under as well as upon 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 you do not receive such notification, please contact the Conference Organisers.
7. Presenting authors will be informed about the status of their abstract (accepted / rejected), on **November 19<sup>th</sup>, 2010**.
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** (provided that the presenting author has been registered to the Conference the latest **by November 5<sup>th</sup>, 2010**).
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 **October 29<sup>th</sup>, 2010**. 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** before **October 29<sup>th</sup>, 2010** otherwise the papers 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 Mary’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 anbs ansb anbs ansb  
**Results:** Ababa baba bababa babab ababa bcna anbs anbs ansb anbs ansb  
**Conclusions :** Ababa baba bababa babab ababa bcna anbs anbs ansb 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

**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-in-rheumatology.org>

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day month year

Signature: \_\_\_\_\_  
(Please do not type your name. Original signature is required.)



E. eir-info@candc-group.com  
 T. +30 210 68 89 130  
 F. +30 210 68 44 777  
[www.excellence-in-rheumatology.org](http://www.excellence-in-rheumatology.org)  
 1A, Pierias Str., 144 51  
 Metamorfossi, Athens Greece



Association Management  
 Professional Congress Organiser  
 Events & Destination Management  
 Strategy & Communication