

**Registration form**  
**Scientific Posters Exhibition and**  
**Ongoing Clinical Trials (free)**

**Scientific (s) abstract (s):**  
Categories: clinical  basic

**NOT COMPETING:**  
**Ongoing Clinical Trials**

(PLEASE WRITE IN BLOCK LETTERS)

Family Name: .....First Name: .....

Team .....

Undergraduate student  Graduate student  Resident

Resident Level if R ..... Other/specify .....

Hospital/Institute: .....

Speciality: .....

Address (home address please): .....

City: ..... Province: ..... Postal code: .....

Regional code and tel. #: ..... Extension: # .....

Cell. #: ..... Fax #: .....

Email: .....

You can print and keep a copy of your registration form once completed.

Registration form must be sent to [melanie.appadoo@ssvq.org](mailto:melanie.appadoo@ssvq.org) before October 16, 2024.

For question regarding SCIENTIFIC matter, you may also send your request by e-mail to Mélanie Appadoo.

To the form of disclosure of conflicts of interest.