**The 50th Annual Meeting of Japan Shoulder Society**

Abstract Form

Please fill in the text box in English. Please avoid using special characters.

Fields marked with a \* are required.

1. **Presentation Title (up to 20 words)**

|  |  |
| --- | --- |
| Presentation Title\* | Click here to enter text |

1. **Presentation Style\***

Oral　　　　 Poster 　  Any

Please note that final decision on presentation style will be made by the organizing committee.

1. **1stAuthor (= Presenter)**

**\*** **First author should be the presenter and handle all communications with the secretariat.**

|  |  |  |
| --- | --- | --- |
| Title\* | Please enter the text: Prof./Dr./Mr./Ms./Not specified | |
| First Name\* | Click here to enter text | |
| Family Name\* | Click here to enter text | |
| Name of Institution\* (=Institution 1) | Please enter: Name of Institution, Country | |
| Country | Click here to enter text | |
| Phone Number | Click here to enter text | |
| Email address | Click here to enter text | |
| Institution Number\*  (NOTE1) | | Click here to enter text |

(NOTE 1) Please write the institution number which you input institution in the “Institution (s)” column. If the author belongs 2 or more institutions, please list the number separating with comma. (e.g.: 1,2)

1. **Institution(s)**

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| Institution 1 | (Institution of the 1st author written above) |
| Institution 2 | Name of Institution, Country |
| Institution 3 | Name of Institution, Country |
| Institution 4 | Name of Institution, Country |
| Institution 5 | Name of Institution, Country |
| Institution 6 | Name of Institution, Country |
| Institution 7 | Name of Institution, Country |
| Institution 8 | Name of Institution, Country |
| Institution 9 | Name of Institution, Country |
| Institution 10 | Name of Institution, Country |

1. **Co-author(s)**

|  |  |  |
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| Co-author 1 | First Name | Click here to enter text |
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| Family Name | Click here to enter text |
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| Co-author 7 | First Name | Click here to enter text |
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| Family Name | Click here to enter text |
| Affiliation Number | Click here to enter text |
| Co-author 9 | First Name | Click here to enter text |
| Family Name | Click here to enter text |
| Affiliation Number | Click here to enter text |
| Co-author 10 | First Name | Click here to enter text |
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| Co-author 11 | First Name | Click here to enter text |
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| Co-author 12 | First Name | Click here to enter text |
| Family Name | Click here to enter text |
| Affiliation Number | Click here to enter text |
| Co-author 13 | First Name | Click here to enter text |
| Family Name | Click here to enter text |
| Affiliation Number | Click here to enter text |

**6. Abstract Text**\* (up to 350 words)

|  |
| --- |
| Click here to enter text: up to 350 words |

NOTE: Figures or tables are not permitted in the abstract.

**7. Confirmation of your intention to publish your presentation material on the website**

For on-demand delivery, your presentation material will be posted on the website in a

non-downloadable format.

I Agree