**ABSTRACT SUBMISSION FORM**

**international congress of young radiologists - "icyr"**

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**ABSTRACT SUBMISSION**

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| Contact number |  |
| Name of university, tertiary institute |  |
| Year of study |  |
| Degree you are pursuing |  |
| How did you find out about ICYR? |  |
| **PART II: FOR ACTIVE PARTICIPANTS** |  |
| Type of presented work (delete as appropriate) | Original research – Case report – Review paper |
| Title of the presented work |  |
| Chosen session for the presented work | General radiology – Neuroradiology |
| Name and surname of the author / authors of the presented work |  |
| First name of the presenting author |  |
| Surname of the presenting author |  |
| Date of birth |  |
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