

ABSTRACT FORM (INCRAA 2009)

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Title
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Abstract Title

Categories (Tick the appropriate one)

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|--|---|--|
| <input type="checkbox"/> General Anesthesia | <input type="checkbox"/> Orthopaedics | <input type="checkbox"/> Kidney |
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| <input type="checkbox"/> Pediatric Anesthesia | <input type="checkbox"/> Ophthalmic Anesthesia | <input type="checkbox"/> Acute Pain |
| <input type="checkbox"/> Day Care Anesthesia | <input type="checkbox"/> Airway | <input type="checkbox"/> Chronic Pain |
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Abstract Box Type in Size 12 of Times New Roman font (black color, single spacing). Abstracts should not exceed 250 words

Undertaking: I have read the above instructions and would abide by the decision of the Scientific Committee. I also say that the material presented is my original work and that I have not presented / published it before anywhere else.

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