The scientific committee is pleased to welcome your abstracts for the 11th Abu Dhabi International Conference in Dermatology & Aesthetics, taking place on May 2-3, 2025 at the Conrad Etihad Towers, Abu Dhabi, UAE, with a virtual session on May 4, 2025.

**ABSTRACT THEME**

**Dermatology**

**Aesthetics**

Submissions are welcome in all topics related to Dermatology & Aesthetics but not limited to:

Clinical Dermatology

Pediatric Dermatology

Cosmetic Dermatology

Psychodermatology

Dermatological Oncology

Aesthetic Medicine

Anti-aging Medicine

Plastic Surgery

General Surgery

Obstetrics & Gynecology

Dental Medicine

Family Medicine

General Practitioners

Nurses

OTHERS: [please specify]

Click or tap here to enter text.

**DEADLINE OF SUBMISSION:FEB 28, 2025** (23:59 UAE/GST)

**NOTIFICATION OF ACCEPTED ABSTRACTS: MARCH 12, 2025**

**AUTHOR & ABSTRACT INFORMATION**

|  |  |
| --- | --- |
| No. of abstracts | maximum of **2** entries |
| Delegated Presenter | All co-authors should agree on the selection of the designated presenter.  **I am the PRINCIPAL AUTHOR**  **I am a CO-AUTHOR** |
| Abstract content | **1. Information Content:**  Abstracts must provide enough detail for reviewers to assess the study’s key components comprehensively:  Topic: The abstract should clearly define the research area and explain its relevance within the larger field.  Methodology: The research method used must be clearly described, with justification for its appropriateness in addressing the research question.  Results: The abstract should highlight the main findings of the study, focusing on original data collected by the author(s).  Conclusions: Key conclusions drawn from the results, along with their implications, should be presented succinctly.  **2. Focus on Outcomes:**  The primary purpose of the abstract is to present the key outcomes of the research, rather than just outlining possible areas of exploration. It should offer a brief yet informative summary of the full study.  **3. Data Originality:**  Only original data collected by the author(s) is acceptable for inclusion in the abstract. Submissions must be based on completed research; studies that are still "in progress" will not be considered.  **4. Professional Conduct:**  Presenters are expected to use their allotted session strictly for scientific discussion and must refrain from any form of product, service, or personal promotion. |
| Conference Registration [complimentary] | Delegated presenter will get complimentary registration to attend all days of the conference |
| Certificates | Delegated presenter will receive:  (a) CME certificate of attendance and  (b) Certificate of appreciation for presenting the abstract |
| Travel & Accommodation | The presenter will arrange his or her own airfare, transportation, and hotel stays. |
| I agree on the above arrangements | YES  NO |

|  |  |  |
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| \*MODE | ORAL | POSTER |
| \*CATEGORY | CLINICAL RESEARCH / CLINICAL STUDY | CASE REPORT / CASE SERIES |

*\*The scientific committee will make the final decision on accepting entries and assigning the mode and/or category.*

**PRESENTER INFORMATION**

This area is to be filled out by the details of the **delegated presenter.**

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| ABSTRACT TITLE | Click or tap here to enter text. |
| ABSTRACT DETAILS (400 words maximum) | |
| 1. Introduction / Background 2. Objectives 3. Methods (if a clinical case, include diagnostic evaluation, treatment and follow-up) 4. Results 5. Discussion 6. Conclusion(s) 7. References | |

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| Name: Designation & Affiliation: Email Address: Contact No: | Name: Designation & Affiliation: Email Address: Contact No: | Name: Designation & Affiliation: Email Address: Contact No: |
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| This abstract has been published / presented in an international conference/s | Yes  No |
| This abstract has received awards | Yes  No |
| \*Is the abstract complete? | Yes  No |

*\*Incomplete submissions will not be considered for review*

**Abu Dhabi Department of Culture & Tourism**  
[DCT requirements]

Please note that after review and acceptance of your abstract, the presenter must provide the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DCT Documents** | **photo** [white background preferably] | **Passport copy** [with Unified ID no. for Emiratis] | **DCT Speaker/Presenter permit form** | **Emirates ID** | **UAE residence visa** |
| **International** | YES | YES | YES | N/A | N/A |
| **UAE** | YES | YES | N/A | YES | YES |

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| I agree on the submission of DCT requirements | YES  NO |

For accepted abstracts, **please secure the necessary authorization for conference attendance from your department chair, academic unit, or other designated authority.**

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