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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| \*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 DETAILS (400 words maximum) |
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4. Results
5. Discussion
6. Conclusion(s)
7. References
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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:

|  |  |  |  |  |  |
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| **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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