**2018 ICMRS Young Investigator**

**Best Paper/Poster Award**

Application Form

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Chinese/English) | ICMRS ID | Date of Birth | Professional Title |
|  |  |  |  |
| Current status\* | | Preferred award type\* | Telephone/Mobile |
| 1. Graduate and/or medical student  2. Post-doc or equivalent  3. Junior faculty and professionals who are within 5 years of completing their final degrees | | 1. Oral  2. Poster  3. No preference |  |
| Affiliation | | | Email |
|  | | |  |

\* Please select only one item and delete irrelevant ones.

**Abstract:** (Less than 800 words, without Figures and Tables)

Title

Authors

Affiliation

[Objective]

[Methods]

[Results]

[Conclusions and Discussion]