**2018 ICMRS Young Investigator**

**Best Paper/Poster Award**

Application Form

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| --- | --- | --- | --- |
| Name (Chinese/English) | ICMRS ID | Date of Birth | Professional Title |
|  |  |  |  |
| Current status\* | Preferred award type\*  | Telephone/Mobile |
| 1. Graduate and/or medical student2. Post-doc or equivalent3. Junior faculty and professionals who are within 5 years of completing their final degrees | 1. Oral2. Poster3. 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]