



SPHeRE Network 6th Annual Conference Abstract Submission

Date: Tuesday, 25th February 2020

Location: RCSI, Dublin

Abstract Submission Deadline is Friday, 8th November 2019 at 5pm

Please fill out this short form to submit your abstract for the SPHeRE Network Annual Conference.

[Click here for more information about the SPHeRE Network Conference](#)

[Click here for the Abstract Submission Guidelines](#)

After submitting your abstract, you will receive an email notification and a copy of your submission. Submissions will then be reviewed by the Scientific Committee, and the best abstracts will be selected for oral, poster or elevator pitch presentations.

Author details

Full Name *

Prefix First Name Last Name

E-mail *

example@example.com

Phone Number *

Area Code Phone Number

Organisation *

Department/School

Job title *

Are you currently a scholar on the SPHeRE Programme? *

Yes

No

Do you work in any of the following areas? (tick all that apply) *

Policy

Research

Student

Clinical practice

Teaching

Management

Are you already a member of the SPHeRE network? *

Yes

No

Problems submitting

If you experience any kind of problem or if you have questions, please do not hesitate to contact sphereconference@gmail.com

SPHeRE Network 6th Annual Conference Abstract Submission

Abstract details

Title of presentation: *

Please note that the text entered in the next box will be used as provided, in the Conference Abstracts booklet, if your submission is selected. Please pay special attention to spelling and punctuation, as changes will not be possible after submission.

Abstract (250 words) *

0/250

Abstract Keywords (at least two) *

Author 1 *

Prefix First Name Last Name

Author 2

Prefix First Name Last Name

Author 3

Prefix First Name Last Name

Author 4

Prefix First Name Last Name

Author 5

Prefix First Name Last Name

Author 6

Prefix First Name Last Name

Author 7

Prefix First Name Last Name

Author 8

Prefix First Name Last Name

Author 9

Prefix First Name Last Name

Author 10

Prefix First Name Last Name

Author 11

Prefix First Name Last Name

Presentation type *

- Oral presentation
- Poster presentation
- Elevator pitch
- Any

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