

# Abstract Submission Form

Oncologic Imaging Course 2019

June 19-22, 2019 | Dubrovnik/HR



## Personal information

Academic title(s) \_\_\_\_\_  
First name / Last name \_\_\_\_\_  
City / Country \_\_\_\_\_  
Affiliation / Institution \_\_\_\_\_  
E-Mail address \_\_\_\_\_

## Abstract information

Abstract title \_\_\_\_\_  
\_\_\_\_\_

Abstract theme

- Immunotherapy and the role of imaging
- Radiomics in oncologic imaging
  - Oral only
  - Oral preferred
- Oncologic Imaging
  - Poster only

The submitted abstract was elsewhere submitted / accepted / presented:  Yes  No

If yes, please provide further details: \_\_\_\_\_

Herewith, I confirm that all authors mentioned in the author block of this abstract have been informed about and agreed to this submission.

In order to present any accepted abstract, I understand that my registration to the Oncologic Imaging Course 2019 must be completed by May 3, 2019. Furthermore, I understand that active membership with the European Society of Oncologic Imaging is required for any kind of abstract presentation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature