

**IDSC 2024 Abstract Submission Form**

Presentation Category: Please tick or colour the box	
<input type="checkbox"/> A. Oral presentation	<input type="checkbox"/> C. Oral health promotion video
<input type="checkbox"/> B. Clinical case presentation	<input type="checkbox"/> D. Dental Photography Competition
<input type="checkbox"/> E. Dental Quiz Competition	

Title:

Presenting Author:

All authors including presenting author:

Full Name (Surname First)	Institution/University
1.	
2.	
3.	
4.	
5.	
6.	

**Abstract style**  
 \*Structured abstract (Introduction, Methods, Results, Conclusion) for A. Oral presentation  
 \*Non-structured abstract (No headings) for B. Clinical case presentation, C. Oral health promotion video

**Abstract Text (Maximum 300 words):**

<b>Contact Details of Presenting Author</b>	
Name of Presenter:	
Department:	
Institution/University:	
Address:	
City/Postal Code:	Country:
Telephone:	Email:
Submit this form to: Conference secretariat of IDSC: <a href="mailto:abstract_idsc@imu.edu.my">abstract_idsc@imu.edu.my</a>	<b>Deadline for submission is 31<sup>st</sup> March 2024</b>