

Form 1

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| Abstract Submission for APSCIT Annual Meeting 2017  Please complete the form and send by e-mail to [apscit2017@apscit.org](mailto:apscit2017@apscit.org) | | | | | | | | | | | | | | | | | |
| **AUTHORS** | presentation title | | | | | | | | | | | | | | **SPEAKER** | **ING AUTHOR** | **CORRESPONGD** |
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| **Presentation Preference** | | | Oral Presentation | | | Poster Presentation | | | | | Oral or Poster Presentation | | |
| NAME, EMAIL, Title and AFFILIATION (with address) | | | | | | | | | | | | | |
| 1 | First Name | |  | | | Surname |  | | | Email |  | | | |  |  | |
| Title | | Professor  Dr.  Mr.  Ms. | | | | Affiliation | |  | | | | | |
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| Title | | Professor  Dr.  Mr.  Ms. | | | | Affiliation | |  | | | | | |
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| Title | | Professor  Dr.  Mr.  Ms. | | | | Affiliation | |  | | | | | |
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| abstract (Up to 300 words) | | | | | | | | | | | | | | | | | |
| Write you abstract here. | | | | | | | | | | | | | | | | | |
| **FOR INTERNAL USE: (DO NOT WRITE HERE)** | | | | | | | | | | | | | | | | | |
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