



The 16th ASCoN Conference and Workshop

7th-10th December 2017

At the UNISERV, Chiang Mai University, Chiang Mai, Thailand

Abstract Form for Interesting Clinical Issues/Voice of customer

Title and First name		Middle name	Surname/Last name
Preferred presentation	<input type="checkbox"/> Oral presentation <input type="checkbox"/> Poster presentation <input type="checkbox"/> Both	<input type="checkbox"/> Interesting clinical issue <input type="checkbox"/> Voice of customer	
Title:			
Authors: (underline presenter's name)			
Affiliation (in short):			
Objectives:			
Clinical/interesting issues:			
Conclusion:			

Note: Not more than 300 words. Deadline for submission: 30th September 2017

Please type, scan and send it to apichana.k@cmu.ac.th