



Abstract Submission Form

Deadline December 2nd, 2002

Dr. Raphaela Waidelich Tel: 0049/89/7095-3533
Department of Urology Fax: 0049/89/7095-6532
Klinikum Großhadern info@islsm2003.com
Marchioninstraße 15 www.islsm2003.com
81377 Munich / Germany

Address of first author

Name, First Name, Title _____

Institution _____

Street _____

Zip Code / City _____

Country _____

Telephone/ Fax _____

E-mail _____

Information for authors:

- :: Abstracts will be published in "Medical Laser Application"
- Abstracts have to be submitted in English
- :: Abstracts have to be submitted via mail, floppy disk (MS-Word 95/97, RTF) or attached to e-mail
- :: Abstracts shall be printed in Arial 10pt . Size of text:
11,8 cm x 16,5 cm
- :: Abstracts have to fit exactly in format.
Abstract shall not contain pictures or tables.

Abstract shall be structured as follows:

- ✓ Title (Capital letters, printed in bold)
- ✓ Authors
- ✓ Institution

- ✓ *Objectives*
- ✓ *Methods*
- ✓ *Results*
- ✓ *Conclusions*

Abstracts will only be reviewed when submitted together with registration for congress.