Presentation type:  Poster  Oral  No preference

Area:  Diagnostic & Interventional Radiology  Nuclear Medicine

Radiation Oncology  Radiation Dosimetry, Radiobiology, Radiation Protection  Other (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Title (Font 12, Times New Roman, Bold)**

Presenting Author1, First Name Surname2, First Name Surname3 (underline the presentingauthor)

*1Institution 1, City, State, Postcode, Country;*

*2Institution 2, City, State, Postcode, Country;*

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**Purpose:** Body of your abstract limited to 250 words. Body of your abstract limited to 250 words. Body of your abstract limited to 250 words. Body of your abstract limited to 250 words. Body of your abstract limited to 250 words. Body of your abstract limited to 250 words. Body of your abstract

**Methods:** Body of your abstract limited to 250 words. Body of your abstract limited to 250 words. Body of your abstract limited to 250 words. Body of your abstract limited to 250 words. Body of your abstract limited to 250 words. Body of your abstract limited to 250 words. Body of your abstract limited to 250 words. Body of your abstract limited to 250 words. Body of your abstract limited to 250 words. Body of your abstract limited to 250 words. Body of your abstract limited to 250 words. Body of your abstract limited to 250 words.

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**Acknowledgement:** Add acknowledgement here if required, for example, the funding body of the research work.

**Keywords:** keywords1, keywords2, keywords3 (maximum 5 keywords)

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