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)

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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

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