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CHSTraumaOrthopaedicResearchUnit@act.gov.au
- **ABSTRACT CLOSING DATE: Sunday 3 November 2024**



AOA- ACT BRANCH - ASM 2024 ABSTRACT

CONTACT DETAILS		
Name (<i>First, M.I., Last</i>):	Phone:	
Organisation:	Email:	
Position:		

PRESENTATION TITLE:

AUTHOR DETAILS	
Name	Organisation
Who will be presenting* <small>*(Swapping session times is not acceptable - this person will need to be available for the whole day)</small>	
Please circle: <input type="radio"/> Oral	

ABSTRACT DETAILS (250 words)
Title:
Introduction:
Methods:
Results:
Conclusion / Clinical significance: