



Sede: Hotel Ramada Plaza
Herradura

Abstract Form
Conferences/Workshop

1. SPEAKER INFORMATION

Name:

TITLE: Professor Physician: P.T. O & P Educator O.T.

Other _____

Work Place:

City:

Country:

Phone:

Fax:

E-mail:

2. TYPE OF PRESENTATION

Conference

Video-Conference

Workshop

Poster

3. REQUIRED AUDIO/VISUAL EQUIPMENT

PC LCD Projector VHS Other _____

In addition to the above information, the abstract should be submitted in English and Spanish (if possible) including the following:

Name of the Speaker

Name of the presentation or workshop

Insert the abstract in the box bellow.

The abstract should be typed using font Times New Roman # 12

Do not include any graphic in the box.

Name as you would like to be announced in the Official Program:

.....

Date:

Signature:

Deadline: August 15, 2010.

Speaker:.....

Title:.....