



Call For Abstracts

1. All participants of the meeting are invited to submit abstracts of scientific study to be considered for presentation.
2. The abstract should be based on a complete study, not a work in progress.
3. Abstracts should not exceed 250 words.
4. All accepted presenters MUST be registered delegates of the meeting.
5. All abstracts must reach the Meeting Secretariat by 10 May 2010

Electronic Submissions:

- The abstract submission form can be downloaded from the meeting website at www.gihp.org.sg
- Abstract should be in Microsoft Word and sent via e-mail to gihep@pinghealthcare.com OR
- Abstract should be in Microsoft Word and submitted with the submission form in a non-returnable CD to:

GIHep2010 Meeting Secretariat

c/o. PING Healthcare Pte Ltd
 5 Upper Aljunied Link, #05-05, Quartz Industrial Building, Singapore 367903
 Tel: +65 6778 5620 Fax: +65 6778 1372

Notification Of Abstract Receipt And Acceptance

All abstracts will be acknowledged within 3 working days upon receipt. The meeting secretariat will give notification of abstract acceptance before 21 May 2010.

Please take note that authors of abstracts accepted for presentation must be responsible for all expenses incurred in the production of their presentation, travel and accommodation during the meeting. Your abstract should contain a brief description of your work and should state a conclusion that you have reached. Display boards will be provided for poster sessions.

Abstract Submission Guidelines

1. Use the font Times New Roman at a size of 12 points
2. Title: Type this in boldface capitals. Leave a line between title and author(s)
3. Author(s): Start on a new line, use surname first, followed by initials in capitals for the given names.
4. Each Abstract submitted is allowed up to a maximum of six authors. Leave a line after the last affiliation.
5. The text should use the following layout and subheadings to be typed in bold:
 * Objective * Methods * Results * Conclusion
6. Please write regimen dosing in full. For example, "TID" should be written as "Three times daily"
7. All details below must be provided with the submission

Presenting Author's Particulars

- Name: Title (Prof/ Dr/ Mr/ Mrs/ Ms) given name, family name
- Affiliated Organisation
- Mailing address including country, city and postal code
- Telephone, fax number AND Email address

Abstract Category To Choose From:

1. Gastroenterological (GESS)
2. Colorectal (SCRS)
3. Inflammatory Bowel Disease (IBD)

Abstract Submission Form

Meeting Registration No: _____ Submission Date: _____

Abstract Title: _____

Title: Prof Dr Mr Mrs Ms (tick appropriate box)

Given Name: _____ Last Name _____

Position/ Department: _____

Organisation: _____

Address: _____

Postal Code: _____ State City: _____ Country: _____

Fax: _____ Email: _____

Telephone: _____ Mobile: _____

I confirm that the abstract contains information and results that have been completed and are accurate as of this date. I certify that the authors have consented to be included as authors.

 Author's Signature:

 Date

Deadline for Abstract Submission: 10 May 2010