**ABSTRACT SUBMISSION FORM for IRSSM 11**

(Abstracts should be submitted on this form)

Please provide the requested details of the author(s). If there are more than three authors, create more tables to enter the additional author’s details by copying and pasting the table below. Kindly mark ‘X’ if he/she is the presenter.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title: |  | | Initials: |  | First Name |  |
| Surname: |  | | | | | |
| Institution: |  | | | | | |
| Department: |  | | | | | |
| Postal address |  | | | | | |
| Country |  | | | | | |
| E-mail |  | | | | Telephone: |  |
| Presenter |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title: |  | | Initials: |  | First Name |  |
| Surname: |  | | | | | |
| Organization: |  | | | | | |
| Department: |  | | | | | |
| Postal address |  | | | | | |
| Country |  | | | | | |
| E-mail |  | | | | Telephone: |  |
| Presenter |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title: |  | | Initials: |  | First Name |  |
| Surname: |  | | | | | |
| Organization: |  | | | | | |
| Department: |  | | | | | |
| Postal address |  | | | | | |
| Country |  | | | | | |
| E-mail |  | | | | Telephone: |  |
| Presenter |  |

|  |
| --- |
| **Type your short CV here (not more than 100 words per author)** |

**ABSTRACT (350-500 words, Times New Roman 12, Single-spaced)**

*Make sure that this page is separated from the author detail page(s)*

***Abstract Details***

|  |  |
| --- | --- |
| Title of the abstract: |  |
| Topic code: | *(Choose one from the topics of interest listed in the call for papers)* |
| Keywords: |  |

|  |
| --- |
|  |