

GRADUATE SCHOOL OF PUBLIC HEALTH
MEDICAL SCIENCES CAMPUS
UNIVERSITY OF PUERTO RICO

ABSTRACT FORM

TO BE RETURNED ON OR BEFORE FEBRUARY 27, 2004

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Profession: _____ **Position:** _____

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TITLE OF PRESENTATION:

1. Language: **Simultaneous translations will not be available. However, you may present in Spanish or English. In order to classify your presentation, please indicate the language in which you will be presenting.**

() Spanish

() English

2. Type of presentation: **Please indicate your priority.**

() Oral presentation

() Poster Session

3. Audiovisual needs: **Please indicate your priority.**

() Videoprojector (Infocus) () Overhead Projector () Slide Projector

4. Did you submit more than one Abstract? Yes No

If you submitted more than one Abstract please specify the Title:

5. Presentation Focus:

Conceptual-Theoretical Research Service Other: _____

6. Presentation Topic: **Presenters are encouraged to select topics related to the main Conference themes. Please select three themes from the list provided. Indicate the codes which best describe the topic of your presentation. Example: *Health Advocacy* (01), *Health and Public Policies* (63) and *Health Legislation* (50).**

7. Presentation Abstract: **All abstracts must include all the following elements:**

- **Title (All capital letters and in bold)**
- **List each author (s)'s first and last name and highest degree obtained, followed by his/her institutional affiliation or Country. Authors from the same institution should be grouped and the institution listed only once. Please underline the author who will present the work.**
- **Double space between the abstract title and the author (s)'s name. Single space between the author (s)'s name and the text of the abstract.**
- **Type the abstract single spaced, within the box provided in this form, using a word processor with *Times New Roman* font and a 10 points pitch.**

I hereby state that the work presented herein has not been presented in this form at previous conference, national or international. If my work is accepted, I am committed to attend the Second Puerto Rican Conference on Public Health or in the event I am unable to attend to make necessary arrangement for a substitute presenter and to communicate such arrangement to the Organizing Committee.

Signature: _____

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