



Retina 2010
Research Abstract Submission Form
Closing date for submission: Friday, September 10, 2010

Return your completed form to communications@fightingblindness.ie.
Please save file as [LastName_FirstName_Retina10Poster]

Section A: Personal Information

Name and Credentials _____
Affiliation (University, Hospital, Department) _____
Address _____
Home Phone _____ Mobile _____
Fax Number _____ Email _____

Section B: Research Information

Please indicate the category to which your research applies:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Age-related Macular Degeneration | <input type="checkbox"/> Stem Cells |
| <input type="checkbox"/> Retinitis Pigmentosa | <input type="checkbox"/> Gene Therapy |
| <input type="checkbox"/> Optic Nerve Pathology | <input type="checkbox"/> Other _____ |

Please indicate the type of research:

- | | |
|---|---|
| <input type="checkbox"/> Clinical Study | <input type="checkbox"/> Population Study |
| <input type="checkbox"/> Laboratory Study | <input type="checkbox"/> Other _____ |

Do you plan to publish this research? Yes No

If Yes, where and when? _____

Was this project funded? Yes No

If Yes, what is the funding source? _____

Section C: Summary (Do not exceed space below)

| |
|---|
| What is the hypothesis of this research? Why is this important? What have you discovered? |
|---|

Section D: Research Abstract

Keywords _____

Please provide a 1-page abstract exactly as you wish it to appear in the conference book. Font: Arial Size: 10