**2023 Elekta ANZ User Meeting Submission Form**

|  |  |
| --- | --- |
| **Abstract Title:** |  |
| **Presenter Name/s:** |  |
| **Contact Email:** |  |
| **Contact Phone:** |  |
| **Site Name:** |  |
| **Presentation Type** | **Oral** **Poster** |
| **Category:** | * **Integration** * **IMRT / VMAT** * **IGRT / 4D** * **Stereotactic Radiotherapy** * **Patient protection** * **Electronic Medical record / Data Management** * **Treatment Planning** * **Physics & QA** * **Education & training** * **Misc** |
| **Do you agree to be eligible for the Elekta award?** | **Yes No** |
| **By agreeing to be eligible for the Elekta award the presenter is:**   * **Confirming the abstract has not been presented before** * **Confirming Elekta can publish confirmation of the awardee & general concept of the paper** | |
| **Presenter Bio**  **max. 50 words** |  |
| **Signature & Date:** |  |