**2023 Elekta ANZ User Meeting Submission Form**

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| **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:** |  |