# **11TH SINGAPORE INTERNATIONAL PARKINSON DISEASE AND**

# **MOVEMENT DISORDERS SYMPOSIUM**

# video presentation Submission Form

Participants are invited to submit abstracts for poster presentations or videos for presentation on patients with movement disorder, who have interesting diagnostic or management issues. All abstracts must be submitted electronically.

**Submission Deadline: Before 9 June 2025**

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| **SECTION I - PRESENTING AUTHOR PARTICULAR INFORMATION** | | | | | | |
| Family Name: |  | | First/Given Name: |  | | |
| Department & Institution: |  | | | | | |
| Mailing Address: |  | | | | | |
| City & State/Province: |  | | Postal Code: |  | Country: |  |
| Mobile Phone: |  | | Email: |  | | |
| **Section II – abstract TITLE** | | | | | | |
| Title: |  | | | | | |
| **Section III – AUTHORS’ NAMES & INSTITUTION OF AFFILIATION** | | | | | | |
| Name of 1st Author: (Name in initials followed by Family Name in Full) | | 1st Author’s Institution of Affiliation: (Department, Institution, City, State, & Country) | | | | |
|  | |  | | | | |
| Name of 2nd Author: | | 2nd Author’s Institution of Affiliation: | | | | |
|  | |  | | | | |
| Name of 3rd Author: | | 3rd Author’s Institution of Affiliation: | | | | |
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| Name of 4th Author: | | 4th Author’s Institution of Affiliation: | | | | |
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| Name of 5th Author: | 5th Author’s Institution of Affiliation: |
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| Name of 6th Author: | 6th Author’s Institution of Affiliation: |
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| Name of 7th Author: | 7th Author’s Institution of Affiliation: |
|  |  |
| Name of 8th Author: | 8th Author’s Institution of Affiliation: |
|  |  |
| **Section IV – ABSTRACT CONTENT** | |
| Text length **NOT**to exceed **300 words**. For submission of Video Presentations for review, kindly submit the **Clinical History, Examination findings, Investigations**, **Diagnosis** and **Conclusion** for the case.The section headings should appear in bold. | |
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