[Abstract Submission Form]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: |  | | | | |
| Topics: | preeclampsia – eclampsia / hypertensive disorders of pregnancy | | | | reproductive immunology |
|  | high risk pregnancy | | | | maternal infections |
|  | preterm delivery | | | | nutrition during pregnancy,DOHaD |
|  | PPH,HELLP,DIC | | | | disorders of fetus |
|  | ultrasonography in obstetrics | | | | pathophysiology of placenta |
|  | fetal monitoring | | | | anesthesiology in obstetrics |
|  | medical complications during pregnancy | | | | maternal and perinatal mortality |
|  | thrombophilia during pregnancy | | | | epidemiology |
|  | glucose intolerance and pregnancy | | | | recent topics in obstetrics |
|  | FGR | | | | others |
| Presentation preference | If your abstract is selected for oral presentation at workshop, will you accept or not?  Yes, I will accept.  No, I will NOT accept. (Poster presentation only) | | | | |
| Application for Award | Yes (your age      and date of birth       /       /      )  No | | | | |
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| Affiliation: |  | | | | |
| Text: |  | | | | |
| Conflict of  Interest (COI) | [ COI](Please select)  　No  　Yes | | | | |
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