**Form (3)**

 **International Congress**

**Personal Information**

|  |  |
| --- | --- |
| Name :  |  |
| Surename:  |  |
| School/Research center :  |  |
| Academic Rank :  |  |
| Tel :  |  |
| Mobile :  |  |
| E-mail :  |  |

**Information of Congress**

|  |  |
| --- | --- |
| Title of Congress :  |  |
| Title of Abstract :  |  |
| Venue :  |  |
| From :  |  |
| To :  |  |
| The presentation(oral/poster): |  |
| What is your abstract index? : |  |
| Fee Receipt :  |  |

**Congressional Meeting Report Form**

|  |  |
| --- | --- |
| How many volunteers were present at this meeting? :  |  |
| Which countries were presented in congress?  |  |
| Were any organizations represented in this meeting? :  |  |
| If yes, please write the names of the organization in the box :  |  |
| What were the response to your talking points? were specific questions or concerns raised? :  |  |
| If you met staff members, please list their full names & positions. :  |  |
| Please make a note if there are any follow up actions we need to talk with the congress members :  |  |
| Meeting summary:(include: names of every one in attendance, outcomes and personal observations of the meeting, and please make a note if there are any follow up actions we need to take with the congress members or their staff):  |  |

**This is to certify that Dr...……………………….has presented his/her abstract on.……….…………..in this department and above information is approved by the head.**

**Head Department’ Name**

**Signature**