



Abstract Submission Form 2006

TITLE OF ABSTRACT:

.....
.....

AUTHORS:

.....
.....

PRESENTER:

Surname: Initials: Title:

Address for correspondence.....
.....

Tel: email:

DISCIPLINE:

Cardiac GI Neurophysiology Respiratory Vascular

PRESENTATION TYPE:

Abstract Poster

GUIDELINES FOR CONTRIBUTIONS:

1. The abstract must be typewritten on the form provided
2. Total number of words should not exceed 300.
3. Please type abstract title in upper case and abstract in lower case
4. **Please submit abstracts before Friday 4th of August.**

**Odette O' Flaherty
Neurophysiology Department
Childrens University Hospital
Temple Street
Dublin 1**

ABSTRACT FORM

TITLE:

ABSTRACT: