|  |
| --- |
| **Scottish Thoracic Society National Trainee Symposium****Tuesday 5th November 2024** |
| Abstract Title |  |
| Presenting Author Name |  |
| Job title andInstitution  |  |
| Address |  |
| E-mail |  |
| Telephone Number |  |
| Authors (PRESENTER UNDERLINED) |  |
| ABSTRACT (250 words with one table or figure) |
|  |

**Category of your abstract:**

Audit and Quality Improvement [ ]

Research [ ]

Education & Training [ ]

**Permissions:**

[ ]  I confirm that I have all the necessary permissions for all data, images and photographs used

Your contact information and job title will be stored for the purposes of the abstract scoring and eligibility.