The **4th Emirates Pediatric Bone Marrow Transplant and Gene Therapy Congress** is pleased to announce the call for abstracts for our upcoming conference to be held on **8-9 November 2025 at the prestigious Grand Hyatt Hotel, Abu Dhabi, UAE.** We invite researchers, practitioners, and professionals to submit their abstracts for consideration.

**DEADLINE OF SUBMISSION: AUGUST 22, 2025 (22:00 UAE/GST)**

**NOTIFICATION OF ACCEPTED ABSTRACTS: SEPTEMBER 01, 2025**

**AUTHOR & ABSTRACT INFORMATION**

* **A maximum of 2 abstracts can be submitted.**
* For abstracts with multiple authors, you need to agree on one person that will be presenting the abstract at the conference
* Abstracts must include sufficient information for reviewers to judge the nature and significance of the topic, the adequacy of the investigative strategy, the nature of the results, and the conclusions.
* The abstract should summarize the substantive results of the work and not merely list topics to be discussed.
* Abstracts must contain original scientific data collected by the author(s). All reports must be based on work that has already been completed. No studies "in progress" will be accepted.
* Pertinent to the guidelines, abstracts must include sufficient information for reviewers to judge the nature and significance of the topic, the adequacy of the investigative strategy, the nature of the results and the conclusions.
* Presenter must not use the session as a marketing opportunity for services, products, etc.
* All abstracts must be in English Language
* Abstracts must be submitted in Word document

**PRESENTATION OPPORTUNITIES AND BENEFITS**

**The best 50 abstracts will be selected for poster presentation with the following benefits:**

* **Free accommodation at a 4-star hotel (up to 3 nights on conference days only).**
* **Free registration for the conference.**
* **Certificate of appreciation and attendance.**
* **Token of appreciation for the best 3 posters.**

**PRESENTER INFORMATION**

This area is to be filled out by the details of the presenting author.

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| **COMPLETE NAME** | Click or tap here to enter text. | |
| **DESIGNATION / PROFESSION** | Click or tap here to enter text. | |
| **INSTITUTION / FACILITY** | Click or tap here to enter text. | |
| **EMAIL ADDRESS** | Click or tap here to enter text. | |
| **[ALTERNATE EMAIL ADDRESS]** | Click or tap here to enter text. | |
| **MOBILE NUMBER** | Click or tap here to enter text. | |
| **[WHATSAPP NUMBER]** | Click or tap here to enter text. | |
| **BRIEF BIOGRAPHY (150 words)** | Click or tap here to enter text. | |
| **NAMES OF CO-AUTHORS + DESIGNATION & AFFILIATION + EMAIL ADDRESS + CONTACT NO.**  (Please provide a maximum of 5 names as co-authors) | | |
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| ***ATTENDANCE MODE*** | LIVE IN-PERSON |

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| ***\*\*PRESENTATION MODE*** | POSTER |

***\*\*****The scientific committee will make the final decision on accepting submissions, and assigning the presentation mode and/or category. Time allocation is also dynamic and may change at the committee’s discretion.*

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| **CATEGORY** | Click or tap here to enter text. |
| **ABSTRACT TITLE**  *\*Please write in UPPERCASE format* | Click or tap here to enter text. |
| **ABSTRACT DETAILS (400 maximum)** | |
| 1. Introduction / Background 2. Objectives 3. Methods 4. Results 5. Discussion 6. Conclusion(s) 7. References | |

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| *Has this abstract been published / presented in any international conference?* | Yes  No  Not complete |
| *Has this abstract received any awards?* | Yes  No  Not complete |
| *\*Is this abstract complete?*  *(Incomplete submissions will not be considered for review)* | Yes  No  Not complete |

For accepted abstracts, please obtain authorization from your department or Chief or Academic department regarding attendance at the conference.

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