



OBGYN Annual Research Day Presentation Submission Form

PRESENTATION BY FACULTY

Submission Deadline: Monday November 24, 2025

PART 1

1. PRESENTER INFORMATION:

Full Name:

Affiliation

(ie. Faculty/Department, University or Other)

Contact Information:

Email:	
Phone:	
Mailing Address:	

PART 2

Please choose one option

Option A: For INDIVIDUAL PROJECT

Title:	
Abstract:	<i>[This presentation will summarize the major research findings of a study focused on the evaluation of XXXX.]</i>
Objectives	<i>[the following are suggestions; please feel free to use your own]</i> By the end of this session, participants will be able to: 1. Create awareness about XXX (condition under study) 2. Describe research methods used locally to investigate XXXX condition 3. Explore opportunities for collaboration, and further (clinical) research in this area

Option B: For PROGRAM of RESEARCH

Title:	
Abstract:	<i>[This presentation will summarize the research activities, methodology and major findings of a program focused on studying XXXX]</i>
Objectives	<i>[the following are suggestions; please feel free to use your own]</i>

	By the end of this session, participants will be able to: 1. Create awareness about XXX (condition under study) 2. Describe research methods used locally to investigate XXXX condition 3. Explore opportunities for collaboration, and further (clinical) research in this area
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