The 48th Annual Meeting of the Japanese Society for Fracture Repair

ABSTRACT SUBMISSION FORM

**Presenting Author (Required):**

**First Name\_Middle Initial: Last/Surname:**

(ex.) John E. (ex.) Smith

**Country (Required):**

**Affiliation (Required):**

(ex.) Department of Hematology, Baltimore Memorial Hospital, USA

**E-mail Address (Required):**

------------------------------------------------------------------------------------------------------------------------------

**Presentation Form Preference**

Free Paper: Oral

Free Paper: Poster

**Title of Abstract (Required) :( 30 words or less)**

**Abstract Body (Required): (250 words or less)**