**The 49th Annual Meeting of the Japan Shoulder Society**

Abstract Form

Please fill in the text box in English. Please avoid using special characters.

Fields marked with a \* are required.

1. **Presentation Title (up to 20 words)**

|  |  |
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| Presentation Title\* | Click here to enter text |

1. **1stAuthor (= Presenter)**

**\*** **First author should be the presenter and handle all communications with the secretariat.**

|  |  |
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| Title\* | Please enter the text: Prof./Dr./Mr./Ms./Not specified |
| First Name\* | Click here to enter text  |
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| Name of Institution\* (=Institution 1) | Please enter: Name of Institution, Country |
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| Institution Number\*(NOTE1) | Click here to enter text |

 (NOTE 1) Please write the institution number which you input institution in the “Institution (s)” column. If the author belongs 2 or more institutions, please list the number separating with comma. (e.g.: 1,2)

1. **Institution(s)**

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| Institution 2 | Name of Institution, Country |
| Institution 3 | Name of Institution, Country |
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| Affiliation Number | Click here to enter text |
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1. **Abstract Text**\* (up to 250 words)

|  |
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NOTE: Figures or tables are not permitted in the abstract.