**Research Abstract Submission**

**For inquiries or concerns, kindly contact us through** CARD2020.COD@gmail.com

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| **Abstract Title** |  | |
| **Principal Investigator’s Details** |  | |
| **Presenting Author, affiliation** |  | |
| **Contact Information**  **of Presenting Author** | **Email:**  **Mobile No:** | **Student:**  **Resident: , Specialty** |
|  | **City: Riyadh** | **College: College of Dentistry** |
| **All other Authors** |  | |
| **Abstract Template** (**250-300 words)** | | |
| **Objectives** | | |
| **Methods** | | |
| **Results** | | |
| **Conclusion** | | |