**Abstract Submission Form**

Fill out the form with your abstract information, and submit the form through e-mail at jspen2025@sunpla-mcv.com

|  |  |
| --- | --- |
| **Travel Grant** | **[ ]  I apply for the grant [ ]  I do not apply for the grant** |
| **Date of birth** | \*If you wish to apply for the Travel Grant, please provide your date of birth.Please note that applicants must be less than the age of 45 at the time of presentation at the meeting. |
| **First author** | First Name | Middle Name | Last Name |
|  |  |  |
| Affiliation 1 | (example: XX University) |
| E-mail |  |
| Affiliation |
| 2 | (example: YY University) | 3 |  |
| 4 | (example: ZZ Institute) | 5 |  |
| 6 |  | 7 |  |
| 8 |  | 9 |  |
| 10 |  |  |  |
| **Author 2** | First Name | Middle Name | Last Name |
|  |  |  |
| Affiliation Number |  |
| **Author 3** | First Name | Middle Name | Last Name |
|  |  |  |
| Affiliation Number |  |
| **Author 4** | First Name | Middle Name | Last Name |
|  |  |  |
| Affiliation Number |  |
| **Author 5** | First Name | Middle Name | Last Name |
|  |  |  |
| Affiliation Number |  |
| **Author 6** | First Name | Middle Name | Last Name |
|  |  |  |
| Affiliation Number |  |
| **Author 7** | First Name | Middle Name | Last Name |
|  |  |  |
| Affiliation Number |  |
| **Author 8** | First Name | Middle Name | Last Name |
|  |  |  |
| Affiliation Number |  |

|  |  |
| --- | --- |
| **Presentation Method** | **[ ]** Free paper：Oral (English presentation)　**[ ]** Free paper：Poster (English presentation)**[ ]** Free paper：Either Oral or Poster (English presentation) |
| **Category** | \*Please select ONE category below.**[ ]** 1 Intensive care 　　　　　　　　　　　　 **[ ]** 21 Taste disorder**[ ]** 2 Perioperative nutrition management (including ERAS) **[ ]** 22 Dental and Oral Management**[ ]** 3 Intravenous nutrition　　　　　　　　　　 **[ ]** 23 Nutritional Management in Critical Care**[ ]** 4 Nutritional assessment **[ ]** 24 Elderly**[ ]** 5 Body composition analysis **[ ]** 25 Sarcopenia/frailty**[ ]** 6 Community-based home nutrition and home NST **[ ]** 26 Palliative care and nutrition**[ ]** 7 Cancer (gastric/esophageal) **[ ]** 27 Trace elements, vitamins**[ ]** 8 Cancer (hepatobiliary/pancreatic) **[ ]** 28 PEG/PTEG**[ ]** 9 Cancer (other) **[ ]** 29 Enteral nutrition**[ ]** 10 Cancer (chemo-radiation therapy) **[ ]** 30 Decubitus ulcer/wound healing**[ ]** 11 Respiratory disease **[ ]** 31 Dysphagia**[ ]** 12 Cardiovascular disease **[ ]** 32 Water/electrolytes**[ ]** 13 Rehabilitation nutrition **[ ]** 33 Oral Dysfunction**[ ]** 14 Intestinal failure/Short bowel syndrome **[ ]** 34Pediatric**[ ]** 15 Gastrointestinal diseases **[ ]** 35 Diabetes and Obesity**[ ]** 16 Brain, nerve and muscle diseases **[ ]** 36 Vitamins, Trace Elements and Other Supplements**[ ]** 17 Malnutrition/Refeeding syndrome **[ ]** 37 Assignment of dietitians to hospital wards**[ ]** 18 Pediatric severe psychosomatic disorders **[ ]** 38 Nutritional Guidance**[ ]** 19 Renal/urological diseases **[ ]** 39Others**[ ]** 20 NST activities  |

＊You may be asked to deliver your presentation in a category that is different from the one you specified when submitting your abstract, depending on the program setup. Thank you for your understanding.

|  |  |
| --- | --- |
| **COI** | Please check JSPEN2025 website and be sure to send us documentation of your COI status in advance. |
| **Ethical Considerations** | Please obtain ethical review at your institution before presenting the following research**[ ]** Ethical review has been conducted and confirmed that there are no problems.**[ ]** Ethical review is in progress.**[ ]** This presentation falls under the category of research that does not require ethical review.\*The research that does not require ethical review can be checked on the JSPEN2025 website. |

|  |  |
| --- | --- |
| **Abstract Title** |  |
| **Text****\*less than 250 words****(figures and tables cannot be registered)** |  |