



澳門放射師學會

Macao Radiological Technologists' Association

Legal Person in the Professional Sector of the Macao S.A.R. China
Member of International Society of Radiographers & Radiological Technologists
Member of Guangdong – Hong Kong – Macao Greater Bay Area Radiological Technologists Alliance
Member of Online CPD Platform for Asian Radiologic Technologist's Societies

CALL FOR ABSTRACT – SUBMISSION FORM

Greater Bay Area Convergence, Imaging the Future - The 26th International Conference of Macao Radiological Technologists' Association

“Mapping Opportunities in Modern Medical Imaging”

SUBMISSION GUIDELINES:

The Macao Radiological Technologists' Association (MRTA) organizing committee welcomes all professionals to submit abstracts for poster and/or oral presentation sessions. Abstracts should reflect academic, clinical, or technological innovations and contributions in the field of radiological sciences.

Abstract Format

1. Please submit your abstract using this form.
2. Word limit: no more than 250 words
3. Do not include any pictures and references in the abstract

Curriculum vitae Format

Please submit your curriculum vitae including the following items:

1. Title (Prof. / Dr. / Mr. /Mrs. /Ms.)
2. First name and last name with capital letters (e.g. Tai Man, CHAN)
3. Recent photo
4. Organization and country/region
5. Contact number and e-mail address
6. Educational background
7. Working experience

Abstract Submission

1. Please submit your abstract form and curriculum vitae through email mrta@mrta.org.mo.
2. Abstract submission deadline: **31st July 2026**
3. Acceptance notification letter: **10th August 2026**

Other information

1. The time limit for oral presentation is about 10-12 minutes. Speakers should present in English.
2. The poster size is limited to 70cm (Width) * 100cm (Height) and must be in JPEG format.



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ABSTRACT SUBMISSION FORM

E-mail: mrta@mrta.org.mo

Presenter Information:

Title: Prof. Dr. Mr. Mrs. Ms.

Full Name of Presenter: _____

Organization / Affiliation: _____

Educational background:

Bachelor, _____ (If it is available, please also include the name of your faculty)

Master, _____ (If it is available, please also include the name of your faculty)

Doctor, _____ (If it is available, please also include the name of your faculty)

Other: _____

Email Address: _____

Presentation Type (Please select one): Oral Presentation Poster Presentation

Abstract Details:

Topic:

Introduction:

Methods:

Results:

Conclusion: