

**REGISTRATION INDONESIAN PARTICIPANT**

Position(\*) :

Full Name(\*) :

Departement(\*) :

Hospital/Company(\*) :

Address(\*) :

City(\*) :

Country(\*) :

Postal Code :

Phone(\*) :

Mobile :

Fax :

E-mail(\*) :

**SPONSOR**

Contact Person :

Address :

City(\*) :

Country(\*) :

Postal Code :

Phone(\*) :

Mobile :

Fax :

E-mail(\*) :

**REGISTRATION**

Early Bird <i>(Before April 1, 2012)</i>	: Rp. 1.600.000,-
Normal <i>(April 1 – September 25, 2012)</i>	: Rp. 1.800.000,-
On Site	: Rp. 2.000.000,-

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**THE 11<sup>th</sup> ASIA-PASIFIC CONFERENCE ON EMERGENCY AND DISASTER MEDICINE**

Theme:

**“Strengthening Community Capability In Health Emergency and Disaster Response”**



**Discovery Kartika Plaza Hotel  
 Kuta - Bali, INDONESIA  
 26-29 September 2012**

## BACKGROUND

The Asia - Pacific Conference on Emergency and Disaster Medicine (APCEDM) is a friendship and meeting place for Asia and Pacific Rims Countries. The member Countries of the APCEDM are also included the Countries from Eastern and South-Eastern part of Asia, Oceania, and also some of the Countries from Northern and Southern part of the Americas.

This International scientific forum shall be held every two years, and has been placed since 1988. On the 10th Asia - Pacific Conference on Emergency and Disaster Medicine (APCEDM X) that was held in Sapporo – Japan, on the last 27 – 28 August 2010, the APCEDM Board of Directors who represents all member Countries has elected Abdul Radjak, MD, FICOG., as the President of the 11th APCEDM, and it automatically had chosen Indonesia to host the 11th APCEDM. It will be the second experience for Indonesia, after organizing the 3rd APCEDM in 1996.

## THEME

*"Strengthening Community Capability In Health Emergency and Disaster Response"*

## CALL FOR ABSTRACT

Participants are invited to submit an abstract for the congress. Only electronic submissions are accepted. Oral and poster Presentations will be selected from submitted abstracts based on scientific merit by the Scientific Committee. Abstracts must adequately describe the objectives and results so that the quality and originality of the abstract can be evaluated by the scientific committee. All abstract should be accomplished following the layout guidelines.

## Abstract layout guidelines:

1. Abstract title (Arial, 12pt, bold)
2. Names of main authors and coauthor (presenting author underline) (Arial, 11pt)
3. Affiliation of all authors (Arial, 11pt, Italic)
4. Body text including objective, methodology, results and conclusion (Max. 350 words)(Arial, 11pt)

## GUIDELINES FOR FREE PAPER PRESENTATION

### Oral Presentation:

1. Authors will be informed thru e-mail of the date, time and venue of the oral presentation.
2. Each presenting author will be given 10 minutes to present in a clear and concise manner.
3. Use font size not smaller than 18, the larger the better, text and visual can use 18 to 24 point, and titles should be 32 point.
4. There should be no more than five bullet points per slide and no more than 17 words per bullet point.
5. There should be no more than three colors used, and action or sound should never be flashy or obtrusive.

### Poster Presentation:

1. The maximum available area for displaying your poster is 100 x 120 cm
2. We suggest that you design your poster layout with the following sections: a) Title, authors, address (at upper edge, across the width of the whole poster); b) Objectives; c) Methods; d) Results; e) Conclusions
3. The title should be emphasized by the use of bold-face or similar lettering. The text should be printed in the same of lettering, large enough to be read comfortably from a distance of 2-3 meters
4. Author will be informed thru e-mail of the date,

time and venue of the poster presentation. Coordinators will circulate to discuss with the authors and to lead discussions with other authors in the session and delegates in attendance.

## TOPICS

1. Community-Based Emergency & Disaster Response
2. National Platform
3. Disaster Nursing
4. Civilian and Military Coordination in Disaster Response
5. Disaster Victim Identification (DVI)
6. Local Wisdom on Disaster Mitigation
7. Field (Fixed & Mobile) Hospital
8. Terrorism
9. Complex Emergency
10. Prehospital Management
11. Hospital Preparedness / Hospital Disaster Plan, Safe Hospital
12. The Management of Information on Disaster
13. Safe Community
14. Rehabilitation Programs
15. Pandemic Preparedness and Response
16. Pharmaceutical and Medical Equipment Mobilization
17. CSR Program to Support Disaster Management
18. Financial Aspects
19. Global Health Cluster
20. **Round Table Discussion (Education, EBM, Evaluation)**
21. Psychosocial Aspect

## TIME AND LOCATION

Time : 26-29 September 2012  
Location : Bali, Indonesia