Please find below the abstract form and the registration form for the I. MuSkITRY Symposium.

You register by submitting your abstract and the registration form to [retreat@muskityr.com](mailto:retreat@muskityr.com)

An abstract is mandatory.

Please make sure we get your abstract in the template below (for publication of your abstract) in a copy and pasteable format.

Content:

[Your Abstract 2](#_Toc15981099)

[Your Registration Form 3](#_Toc15981100)

# Your Abstract

The language of your abstract will determine the language of your presentation.

English is the preferred language. German abstracts are accepted as well.

**Title of your abstract**

Author\_1 (a), Author\_2 (b), Author\_3 (b), Author (a)

(a) Affiliation\_A, (b) Affiliation\_B, (c) Affiliation\_C

**Abstract (Word limit: 250)**

Introduction:

Molestias et libero dignissimos sit voluptatem quod. Tempora officia sequi optio enim. Voluptate ipsa temporibus soluta et. Dignissimos accusantium porro et beatae voluptates harum qui consequatur. Rerum qui quis quibusdam natus vero.

Materials and methods:

Et nesciunt doloribus libero voluptatem doloremque tempora asperiores aperiam. Beatae debitis libero voluptatem commodi odio. Ipsa labore qui quam deleniti mollitia ullam itaque et.

Results:

Neque et inventore commodi dolorum cum voluptas. Qui excepturi est culpa rerum ex ratione. Quo totam unde fuga autem dignissimos. Voluptatem aut voluptatem enim nisi odio iure blanditiis.

Discussion:

Veritatis molestiae pariatur illo architecto est eveniet deleniti et. Nulla id aspernatur voluptatum. Magnam quia fugiat consequuntur libero culpa.

**Key words (3-5):**

Key word 1, 2, 3, 4, 5

Deadline: September 15, 2019 23:59

# Your Registration Form

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | | Your first name | |
| Last Name | | Your last name | |
| Affiliation | | Your affiliation | |
| Work Address | | Your work address | |
| City/State/Zip | | Your City/State/Zip | |
| Cell phone | | Cell phone | |
| Email | | E-Mail-address | |
|  | | | |
| I hereby give the organizers of the MuSkITYR Symposium permission… | | | |
|  | to share my abstract with “Thieme Gruppe” and publish it in “Osteologie” after acceptance,\* | | |
|  | to use my personal data for organizational purpose,\* | | |
|  | to take pictures including me during the event and use these pictures for the MuSkITYR homepage and social media. | | |
|  | | |  |
| \* Mandatory permissions for symposium participation. | | | |
| The symposium will include two method lectures (clinical + basic).  Please choose one favorite topic for each lecture.  Clinical: | | | |
|  | Fracture care | | |
|  | Diagnostics in clinical osteology | | |
| Basic science: | | | |
|  | Micro CT imaging | | |
|  | Current mouse models | | |
|  | Cellular analysis | | |
| With signing this registration form, I acknowledge that I understand and accept the following terms:  If the abstract is accepted, the participation fee has to be paid until September 30, 2019. Fees are 25€ for B.Sc.-/ M.Sc.-/ MD-students, 50€ for PhD students, 75€ for PostDoc/ Clinicians. (The fee includes single room accommodation and food (coffee breaks, dinner and breakfast), beverages are on own costs.)  Bank account for the registration fee:  Dr. Melanie Haffner-Luntzer  Deutsche Kreditbank AG  Reference: MuSkITYR Symposium – your name  IBAN: DE10 1203 0000 1014 5213 04  BIC: BYLADEM1001  Cancelling participation is only possible until September 30, 2019. If I fail to notify the conference organizers of a cancellation in time, I will have to pay for the resulting full costs for accommodation & food (150€). | | | |
| Please list dietary restrictions | | | Please list here |
|  | | |  |
| Date & Signature | | Date & Signature | |