**SMA Abstract Submission Form 2012  
Please complete in English.**

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| **Name (first name, family name)** | | |  | | | |
| **Institutional Affiliation (if any)** | | |  | | | |
| **E-mail Address** |  | | | | | |
| **Current level of study (eg: MA, PhD)** | | | |  | **Year of study (first, second etc)** |  |
|  | | | | | | |
| **Abstract for a paper/poster (*please delete as appropriate*)** | | | | | | |
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| **Title of paper/poster:** | |  | | | | |
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| **Abstract (no more than 150 words)** | | | | | | |
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