





**2024 TIDC** Thailand International Dental Congress

# HOW TO SUBMIT ABSTRACT

DECEMBER 11 - 13, 2024

Centara Grand Hotel, Bangkok Convention Centre @CentralWolrd

# **STEP 1 Create Account**



Go to SUBMISSION, you will see the "2024 TIDC ABSTRACT SUBMISSION GUIDELINE" on the screen. Then, scroll down and you will find CREATE ACCOUNT TO SUBMIT ABSTACT button.



## **Create Account**

# CREATE ACCOUNT form

|   | 115151   |
|---|--|
|   |  |
| Account Information   |  |
| Please fill out the information in English-<br>Create your account before abstract su<br>confirmation email about your user nor<br>Please fill in the required information. | only.<br>bmission and registration. After your account is created, you w<br>he and password to access next step. |
| Prefix *  | Other  |
| Select  | *  |
| First Name *  | Middle Name Lost Nome *  |
| Department  | Institution/Attiliation/Company *  |
|   |  |
| Suite/Floor   | City *   |

| The Dental Association Of Thailand respects your privacy and assures that it is in compliance with the Personal Data Protoction taxe, we would like to ask for your consent to allow us to collect, use or disclose your personal data obtained from you for the following purposes:         I consent that 2024 TIDC may collect, use, and/or transfer my personal data for collecting registration database, receiving communications, information of conference and about 2024 TIDC.         I consent that 2024 TIDC may collect, use, and/or transfer my personal data for data analytics.         I consent that 2024 TIDC may collect, use, and/or transfer my personal data for data analytics.         I have read and acknowledged the Privacy Policy which contains the details of the protection of my personal data, on website www.2024tidc.com |
|---|
| Secure Image Input Security Code * K 3 F C 2 Entry secure code  |
| Create Account  |
| CONTACT US<br>THE 2024 THAILAND INTERNATIONAL DONTAL CONGRESS   |
| CREATE ACCOUNT<br>button  |

If you don't have an account, you have to go to CREATE ACCOUNT first, then you can submit the abstract. However, if you already have an account, the system will take you to the ABSTRACT SUBMISSION form.

# **STEP 3**

## **Submit Abstract Process**

### ABSTRACT SUBMISSION form

| Abstract Submission                      | Form  |  |  |
|--|---|--|--|
| Account ID:                              | First name  | Last name                                |  |
| 20240001                                 | Test Admin  | fongitheliveeye.com                      |  |
| Part 1 Subject Area: Choo                | se only one category  |  |  |
| Category •                               | ,   |  |  |
| Basic science research                   | O Clinical science research   |  |  |
| Craniofacial biology                     |   |  |  |
| Compete for an award                     |   |  |  |
| Part 2 Type abstract within              | n the following box. Read all instructions f<br>presented in English. | or preparing before typing on this form. |  |
| e Abstracts must be written and          |   |  |  |
| Abstracts must be written and<br>Title * |   |  |  |

| le la   | (Report how the study was conducted, identifying technique          | es materials used and statistical analysis) |
|---|---|---|
| ter and the second s | sults<br>(Listing results and their possible significances)         |   |
| Co  | (Provide the concise and definitive conclusion of the study)        |   |
| ter and the second s | ywords<br>(up to 5 keywords in alphabetical order, each keyword mus | t be separated by colon)                    |
| Sec   | cure Image<br>K <sub>3</sub> FC <sub>7</sub> 2                      | Input Security Code   Inter secure code     |
|   |   |   |
|   | su  | BMITABSTRACT                                |
|   | THE 2024 THAILAND   | CONTACT US                                  |
|   |   |   |
| SUBMIT ABSTRACT<br>button   |   |   |
|   |   |   |

Fill-in your information in ABSTRACT SUBMISSION form, then select the SUBMIT ABSTRACT button as below.



### YOUR SUCCESSFUL SUBMISSION email



### YOUR SUCCESSFUL SUBMISSION

#### 2024 TIDC

December 11 - 13, 2024

#### Dear,

Thank you for submitting your abstract and other relevant files for presentation at 2024 TIDC. This electronic mail is to inform you that your submission has been successful, and your submission ID for future reference and correspondence is **XXXXXXXXX**. Your submission is currently under a revision process, and you will be notified of its decision by September 30, 2024.

#### Your Information:

| Abstract Submission No. TBA                   |                                    |
|---|------------------------------------|
| Category                                      |                                    |
| Title   |                                    |
| Apply for the 2024 TIDC Awards<br>Competition |                                    |
| nank you once again for your interest in s    | submitting an abstract submission. |

For any inquiries, please contact PCO@2024TIDC.COM.

Best Regards, 2024 TIDC

After you press the SUBMIT ABSTRACT button, you will receive an email notification of SUCCESSFUL SUMMISSION.

# **STEP 5**

## **Check your information**

O Early Bird Registration (October 15, 2024)

Onsite Registration (Congress date)

O Regular Registration (October 16, 2024 - December 10, 2024)

\*A discount of USD 50 per person will be applied for a group of 10 and above.

## **PROFILE PAGE**

|     |                  | ACCO<br>You can capture | unt Informat                  | information  |            |
|-----|------------------|-------------------------|-------------------------------|--|------------|
|     | E-Badge          |                         |                               |  |            |
|     |                  | Prefix :                |                               | 20240001   |            |
|     |                  | Full Name :             |                               | Dr. Thomas Feroah  |            |
|     |                  | Academic                | Title :                       | Foreigner  |            |
|     | Dr. Thomas Feroa | ah Institution A        | Affliation/Company:           | The Underwood Foundation   |            |
|     | Hospital         | Departmen               | it:                           |  |            |
|     |                  | Country :               |                               | United States  |            |
|     |                  | Phone/Mol:              | pile:                         | 066 0991075240   |            |
|     | English and a    | Email:                  |                               | exemple@icloud.com   |            |
|     | 300001           | Ticket Type             | 1                             |  |            |
|     | DELEGATE         | Name in Re              | eceipt :                      |  |            |
| You | Abstract Subr    | mission                 | Category                      | Title / Files  | Submitted  |
|     |                  |                         |                               |  | Date       |
|     | 20240001         | Poster Presentation     | Instrument and<br>Methodology | The Physiological Basis and Key<br>Functions of a Successful Auto<br>Titrating CPAP Device | 2024-10-11 |
|     | RE               | GISTR                   |                               | N RATES  |            |
|     |                  |                         |                               |  |            |

After SUBMIT ABSTRACT, the system will take you to the profile page. Please check the accuracy of the information, then select the registration rate.

SUBMIT

250 USD

300 USD

350 USD

# **STEP 6** Select the payment type

## **REGISTRATION RATES**

### **Registration Rates**

|  | Price   | Payment status |
|--|---------|----------------|
| Early Bird Registration (Oct 15, 2024) | 250 USD | UNPAID         |
| TOTAL                                  | 250 USD |                |
| Payment *                              |         |                |
| Select                                 |         | v              |
|  |         |                |
|  |         |                |
|  |         |                |
|  |         |                |
|  | 4 5     |                |
|  |         |                |
|  |         |                |
| /ment *                                |         |                |
| lect                                   |         | v              |
| edit Card                              |         |                |
| vift Code                              |         |                |
| onsor Code                             |         |                |
|  |         |                |
|  |         |                |

Then you can choose the type of payment you want.

# STEP 7.1 Pay the registration fee -Credit Card-

| Г  | SCB - The Dental Association Of Thailand 2024 00 00000000000<br>ABCD1234HJK<br>1,500.00 THB | - |
|----|---|---|
| G  | LOBAL CARD EN VISA 😭 🗸  |   |
| E- | mail  |   |
|    | Cancel Continue payment   |   |
|    |   |   |
|    |   |   |
|    | © 2024 TIDC, All Rights Reserved.   |   |
|    |   |   |

In the case of a CREDIT CARD transfer, please fill in your card number and email address. Then the bank will ask you to enter additional card information. Once you have completed and confirmed, the bank's system will automatically deduct the amount from your card.

# **STEP 7.2**

## Pay the registration fee -Swift Code-

|              | Regi   | stration Rates          |                      |
|--------------|--|-------------------------|----------------------|
|              | Registration Type                                  | Price                   | Payment Status       |
|              | Early Bird Registration (Oct 15, 2024)             | 250 <b>USD</b>          | UNPAID               |
|              | TOTAL  | 250 usd                 |                      |
|              | Payment *  |                         |                      |
|              | Swift Code   |                         | ~                    |
|              | BANK NAME : The Siam Commercial Bank Pe            | CL.                     |                      |
|              | BRANCH NAME : 0111 RUTCHAYOTHIN OFFICE             |                         |                      |
|              | BANK ADDRESS : 71, soi Ladplao 95, Ladplao Ro      | ad, Khlong Chaokhun Sin | g Sub-district,      |
|              | swift code : SICOTHBK                              | gkok lusiu Indilana.    |                      |
|              | A/C NO: 435-184249-2                               |                         |                      |
|              | A/C NAME : The Dental Association Of The           | ailand                  |                      |
|              | Upload Attach payment evidence * (*.jpg. *.jpeg. * | •.png Only)             |                      |
|              | Choose File No file choose                         |                         |                      |
|              |  |                         |                      |
|              |  | SUBMIT                  |                      |
|              |  |                         |                      |
|              |  |                         |                      |
|              |  |                         |                      |
|              |  |                         |                      |
|              |  |                         | Ŭ                    |
| BANK NAME :  | The Siam Commercial Bank PCL                       |                         |                      |
| BRANCH NAME  | : 0111 RUTCHAYOTHIN OFFICE                         |                         |                      |
| BANK ADDRESS | ; 71, soi Ladplao 95, Ladplao Roac                 | l, Khlona Chaokhu       | n Sina Sub-district. |
|              | Wang Thonglang District Range                      | ok 10310 Thailand       |                      |
|              |  | lok losio malana.       |                      |
| SWIFT CODE : |  |                         |                      |
| A/C NO :     | 435-184249-2                                       |                         |                      |
|              |  |                         |                      |

In the case of a SWIFT CODE transfer, you can have the above association's banking information processed through your bank, then attach a proof of payment to confirm your payment. Pay the registration fee -Sponsor Code-

**STEP 7.3** 

**Registration Rates** 

| Early Bird Registration (Oct 15, 20 | 24) 250 USD | UNPAID |
|-------------------------------------|-------------|--------|
|                                     |             |        |
| TOTAL                               | 250 USD     |        |
| Payment *                           |             |        |
| Sponsor Code                        |             | ,      |
|                                     |             |        |
|                                     |             |        |
| Sponsor Code                        |             |        |
| Sponsor Code                        |             |        |
| Sponsor Code                        | SUBMIT      |        |

In the case that you have a SPONSOR CODE, you can enter the number that you received in the box to fill in the Sponsor Code and then submit it.

# STEP 8 Notification Email

## REGISTRATION CONFIMATION email



### Registration Confirmation 2024 TIDC December 11 - 13, 2024

Dear

Your registration process is now completed. Thank you for being a part of **"2024 TIDC: THAILAND INTERNATIONAL DENTAL CONGRESS"** 

| Account No: (running)  |   |
|--|---|
| Full Name  |   |
| URL to log-in  | https://2024tidc.com/login                                  |
| Email/Username   |   |
| Password   |   |
| Please save the dates and see you free For any inquiry, please contact PCO | om <b>December 11 - 13, 2024</b><br>0 <u>2024TIDC.com</u> . |
| Best Regards,<br>2024 TIDC   |   |

After the payment is completed, you will receive a **REGISTRATION CONFIMATION email.** You need to confirm first, then the entire process will been completed.







If you have any questions or doubts about the registration procedure and website Please contact (Monday-Saturday 9.00 AM -18.00 PM)

+66-99-452-1118 Paphawarin (Dream)

E-Mail: PCO@2024TIDC.com