

## For the Oral Presenter;

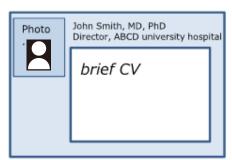
### Instruction for the slides with voice

### 1. Please prepare the following slides

Slide #1: Title slide

Slide #2: Disclosure of the Conflicts of Interests \*Please see the sample.

Slide #3: Brief CV (your name, photo and brief CV)



Slide #4: starting your presentation

\*using camera to insert your face in it.

For the Oral presenter

Creation of <u>7-minutes PPT data</u> w/voice and your picture and the format of MP4.

## 2. Preparation of your slides with recorded narration

i) For recording your slide presentation with narration, please see the instruction to access the following URL.

https://support.office.com/en-us/article/record-a-slide-show-with-narration-and-slide-timings-0b9502c6-5f6c-40ae-b1e7-e47d8741161c

ii) Then, please make your file in the format of MP4.

<a href="https://support.microsoft.com/en-us/office/turn-your-presentation-into-a-video-c140551f-cb37-4818-b5d4-3e30815c3e83?ui=en-us&rs=en-us&ad=us">https://support.microsoft.com/en-us/office/turn-your-presentation-into-a-video-c140551f-cb37-4818-b5d4-3e30815c3e83?ui=en-us&rs=en-us&ad=us</a>

# 3. Please upload the file of your recorded slides on the following URL no later than October 4.

https://convention.app.box.com/f/eb0fd54f78984a69aa80262e2d7f54f4

\*This site is for us to just receive your slides with efficient and effective security. On receipt of your file, we will check if it would work well and then upload it on the ISUCRS2020 designated box

#### Sample Slide#2: Disclosure of the Conflicts

For the ALL speakers must insert this slide of your presentation page.2.

If you do not have any COI to disclose.

The 30th Biennial Congress of the International Society of University of Colon and Rectal Surgeons

Disclosure of Conflict of Interest

### **Your Name**

The presenter has no financial conflicts of interest to disclose concerning the presentation.

If you have any COI to disclose.

The 30th Biennial Congress of the International Society of University of Colon and Rectal Surgeons

Disclosure of Conflict of Interest

### Your Name

In connection with the presentation, I disclose COI with the following organizations/companies.

A position of a board member Name (organizations/companies)

or advisor

Honoraria for lectures Name (organizations/companies)

Clinical commissioned/

Name (organizations/companies)

joint research grant

Scholarship grant Name (organizations/companies)