**Ghana Malaria Research Conference**

**Accra, Ghana, 2021**

***“*Strengthening Primary Health Care Systems to Fight Malaria and Improve Health**”.

Abstract Submission Form

Title : Prof. Dr. Mr. Mrs. Ms/Miss

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(Prof, Dr. Mr. Mrs. Ms. Miss)

Name: …………………………………………………………………………………………

(First name, middle name, surname)

Occupation/Profession: ………………………………………………………………………

Place of Residence: ………………………………………………………………………….

(Locality, district, region)

Name of Institution: …………………………………………………………………………..

Level of education: Phd. Masters. Degree. Diploma Others (specify)

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(PhD, Masters, Degree, Diploma, others (specify)

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Preferred Format of Presentation: ………………………………………………………….

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