

**서울시 마포구 마포대로 109, 101동 2003호 (공덕동, 롯데캐슬프레지던트) Tel : (02)3472-4252 Fax : (02)3472-4254 E-mail : kprs@plasticsurgery.or.kr**

**101-2003, Lotte Castle President, 109, Mapo-daero, Mapo-gu, Seoul 04146, Korea**

**Presentation Change Request Form for PRS KOREA 2025**

**This form must be submitted to request presenter who wish to change, abstract withdrawal, or other changes regarding free paper presentation at an academic conference hosted by the Korean Society of Plastic and Reconstructive Surgeons.**

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| --- | --- | --- |
| **Abstract Information** | **Abstract No.** |  |
| **Title** |  |
| **Presenting Author** |  |
| **Corresponding Author** |  |
| **Co-Authors** |  |
| **Affiliation/****Organization** |  |
| **Requirement** | **Category of****Request** | Change / Withdrawal / Others ( )  |
| **Details of** **The Change****request** |  |
| **Reason** |  |

For the reason given above, I submit this request form to the Korean Society of Plastic and Reconstructive Surgeons.

\* Whether to approve the request for presenter change/abstract withdrawal will be determined based on the content of this form, and if the reason is found to be invalid, the authors may have disadvantages including disadvantages regarding a presentation at a future conference.

 **Date:** (month) (day), (year)

**First author (presenter)** (Signature)

**Corresponding author** (Signature)

***To The Korean Society of Plastic and Reconstructive Surgeons***