



2018 Abstract Poster Competition Application for Participation

Complete this application and remit with a pdf copy of the poster by **February 2, 2018**. Email to:
Luci Ridolfo: lrinolfo@ohfama.org

GENERAL INFORMATION:

Name(s) of Author(s): _____

Representative Phone Number: _____ Email: _____

Residency Program: _____

Residency Director: _____

Author or group representative sign below, verifying that (a) the research poster submitted is original work, (b) the author/authors DO NOT have a conflict of interest in submitting this paper (see "Guidelines") and (c) all patient information has been removed according to HIPAA regulations

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All applications must be signed by the Residency Director to verify this poster has been reviewed for content and authenticity

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POSTER INFORMATION

(please note this information may be typed and submitted via email)

Title: _____

Authors: _____

Format: _____

Length of follow-up (minimum 10 months prior to submission): _____

Level of Evidence: _____

Classification: _____

Purpose:

Methodology:

Procedures:

Results:

Discussion:
