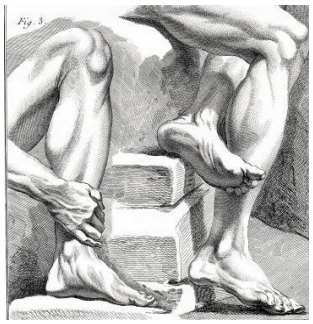

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2024 Abstract Poster Competition Application for Participation

Complete this application and remit with a pdf copy of the poster by **February 9, 2024**. Email to: Luci Ridolfo: *lridolfo@ohfama.org*

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Name(s) of Author(s): _____

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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

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Category for Evaluation (must select one): ____Case Study ____Scientific Poster

Title: _____

_____

Authors: _____

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Format: _____

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

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Purpose:

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Methodology:

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Procedures:

Results:

Discussion: