

APPLICATION FORM
2018 NYSOMS INTERN/RESIDENT/FELLOW
EXPERIMENTAL RESEARCH
SCIENTIFIC POSTER COMPETITION

Friday, April 13, 2018

Hyatt Regency Long Island, 1717 Motor Parkway, Hauppauge, NY 11788

Submission Deadline Friday February 16, 2018

NOTE: Abstracts and posters must conform to the NYSOMS guidelines and required format.
Submit to: NYSOMS via email to rocnyposters@nysoms.org

POSTER TITLE _____

SUBMITTING AUTHOR _____

(NOTE: The submitting author must be the person presenting the poster)

INSTITUTION _____ DEPARTMENT _____

INTERN / RESIDENCY / FELLOWSHIP YEAR (PLEASE ENTER YEAR) OGME _____

SUBMITTING AUTHOR'S HOME/MAIL ADDRESS:

STREET _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ E-MAIL ADDRESS _____

Required for Experimental Research Submission

Was this research funded by some agency?

No Yes [List] _____

Institutional Review Board (IRB) determination status

Approval granted by IRB Exempt Status granted by IRB

Signed proprietary statement:

I verify that I had significantly participated in this research project.

Signed disclosure:

I certify that I have no affiliation/financial involvement in any organization or entity with a direct financial interest in the subject matter or materials discussed in the abstract or presentation.

OR

I certify that I have an affiliation/financial involvement with which has a direct financial interest in the subject matter/materials discussed in the abstract or presentation.

Signature

Date Signed

Name of Applicant's Medical Director or Program Director

Email address of Medical Director or Program Director

Experimental Research Abstract

[350 word / one page limit]

Title:

SUBMITTING AUTHOR

Name _____ Institution _____ Dept. _____

OTHER AUTHORS:

Name _____ Institution _____ Dept. _____

Name _____ Institution _____ Dept. _____

Name _____ Institution _____ Dept. _____

Context/Background:

Objective(s):

Methods – Design; Setting; Subjects (or other participants); Interventions; Main Outcome Measure(s)

Results:

Conclusions: