Call for Resident Posters:

$300.00 1st Place Award
$200.00 2nd Place Award
$100.00 3rd Place Award

Abstract Submission Deadline: April 16, 2010

You are invited to submit an abstract, share your work with your colleagues and practicing anesthesiologists, and receive recognition for your efforts. Each entry must be based on work completed during a residency or fellowship training program. Your abstract may be submitted during or within one year following completion of training. Presentation within the last 18 months does not preclude entry. All electronic (email) submissions must be sent using either Microsoft Word or PowerPoint by the deadline for review and selection. For more information visit: http://www.med.wayne.edu/anesthesiology/CMEhome.htm or contact Tawna Brautigam at tawna.brautigam@anesthesiallc.com.

Submission Guidelines

Presentation Format
1. Abstracts are presented by poster with one informal discussion period. Posters will be displayed for the duration of the conference.
2. Submit abstract describing a research project, clinical or basic science research or a case/case series presentation related to anesthesiology and pain.
3. Presentation, submission for publication or publication of the abstract within the last 18 months does not preclude entry. However, provide acknowledge of previous presentation or submission.

Abstract Format
1. Abstracts must fit on an 8 1/2 x 11 inch sheet of paper with ½ inch margins on all sides using a font size of 10-12 point and written in English.
2. Presenting Author must complete an accompanying abstract cover sheet.
3. All electronic (email) submissions must be sent using Microsoft Word or PowerPoint (or acceptable Macintosh conversion).
4. Receipt of abstract by the submission deadline of April 16, 2010, by email or fax to:

Advanced Anesthesia 2010 Review Committee
 c/o Tawna Brautigam
 Email: tawna.brautigam@anesthesiallc.com
 Phone (800) 242-1131 ext 4382
 Fax ((517) 787-0529

Presenting Author Responsibilities
The presenting Author identified at the time of the submission will be the main point of contact for information regarding the submission and is responsible for ensuring all authors have read the abstract and agree to be co-authors. The presenting Author is responsible for the disclosure statement indicating any conflict of interest. Authors are responsible for notifying sponsors or supporters (if applicable) prior to submission.

Acceptance for Presentation
Abstracts received by the submission deadline will be reviewed for selection. The presenting Author will be notified by April 24, 2009 by email. Registration late fee will be waived up to April 24, 2009.

Registration Requirements
The presenting Author of an accepted abstract must register for the program. Registration late fees will be waived up to April 23, 2010. Presenting Authors should plan to be in attendance for the entire meeting. There is no fee for abstract submission.
Title of Abstract: ____________________________________________________________

Research Project (select one):

☐ Clinical Research
☐ Basic Science Research
☐ Case/Case Series

Presenting Author:

Name: ______________________________________________________________________

Current CA Year: _____________________________________________________________

Institution: ___________________________________________________________________

Mailing Address: ______________________________________________________________

Daytime Phone: _______________________________________________________________

Fax (optional): ________________________________________________________________

Email (required): _____________________________________________________________

Statement of Disclosure: ☐ Nothing to disclose
☐ Yes (indicate disclosure):

If selected, I agree to present the abstract in poster format at the Advanced Regional Anesthesia 2010: Invasive Pain Management Techniques and Regional Anesthesia Hands-On Workshop and I give permission for reprinting of my abstract or any portion for this or future conferences or programs. The Presenting Author Packet will be sent with my acceptance.

The presenting Author of an accepted abstract must be registered for the program. Registration late fees will be waived up to April 23, 2010.

☐ My email confirms my completion of this form and replaces my signature below.

OR Speaker Signature: ____________________________ Date: ____________

SUBMIT TO
Advanced Anesthesia 2010 Review Committee
c/o Tawna Brautigam
Email: tawna.brautigam@anesthesiallc.com