



## 2019 Abstract Poster Competition Application for Participation

Complete this application and remit with a pdf copy of the poster by **February 5, 2019**. Email to:  
Luci Ridolfo: [lrinolfo@ohfama.org](mailto: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

Author or Group Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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

Residency Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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:**

---

---

---

---

---

---

---

---