

APPLICATION FORM
2011 NYSOMS INTERN/RESIDENT SCIENTIFIC POSTER COMPETITION

Experimental Research or Case Study

Friday, March 4, 2011

Sheraton Long Island - Hauppauge, New York

Please complete this form by typing in the required information, then print, obtain signatures and send by fax along with ONE copy of your abstract to NYSOMS at (516)-686-3748. The completed application(s) and abstract(s) must be received by the NYSOMS **no later than Friday, January 14, 2011 by 5 p.m.** A second **copy** of the abstract must be submitted electronically in a Microsoft Word document format to erocposters@gmail.com. Refer to NYSOMS Policies and Application Procedures for details on the **required** abstract and poster format. Entries received after the deadline will **NOT** be accepted.

PLEASE CHECK ONE CATEGORY: CASE STUDY EXPERIMENTAL RESEARCH

POSTER TITLE: _____

SUBMITTING AUTHOR: _____

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

INTERN OR RESIDENCY YEAR (PLEASE CHECK ONE): OGME1 OGME2 OGME3 OGME4 OGME5 OGME6

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LIST OTHER AUTHORS:

Name _____ Institution _____ Dept _____

Name _____ Institution _____ Dept _____

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1. Was this research funded by some agency? (Complete if Experimental Research submission):

No Yes [list]: _____

2. IRB approval status (Complete if Experimental Research submission):

Received

Not Applicable [explain] _____

3. Signed proprietary statement/disclosure: (Complete if Case Study or Experimental Research submission):

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

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.

Submitting Author's signature Date signed

4. Signature of Applicant's Director of Medical Education OR Program Director Date signed

5. Printed Name of Applicant's Director of Medical Education OR Program Director

Submit to: NYSOMS via fax to (516)686-3748 and email to erocposters@gmail.com

Questions / additional information: (800) 841-4131 or send inquiries to erocposters@gmail.com