



**Research Symposium 2019**  
**October 30 - November 3, 2019**

Please complete this form and return to Katie Allen ([katie@acoi.org](mailto:katie@acoi.org)) no later than **July 31, 2019**.

Typed submission forms are preferred to hand written. **Maximum two submissions per person.**

Name: \_\_\_\_\_ AOA #: \_\_\_\_\_

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Training Program or Osteopathic College: \_\_\_\_\_  
(If Applicable)

Affiliation: \_\_\_\_\_ Resident/Fellow \_\_\_\_\_ Student

Category of Presentation at ACOI Meeting: \_\_\_\_\_ Original Research \_\_\_\_\_ Case Presentation

**If this material previously has been presented or published**, please complete this section:

Name of Meeting: \_\_\_\_\_

Location: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

In the following format(s): \_\_\_\_\_ Oral \_\_\_\_\_ Poster

Journal/Periodical \_\_\_\_\_

In the following format(s): \_\_\_\_\_ Abstract \_\_\_\_\_ Manuscript \_\_\_\_\_ Journal

Funding support provided by: \_\_\_\_\_

## ORIGINAL RESEARCH/ CASE PRESENTATIONS

Please send your abstract as a Word document. Your abstract must include the following information (select either Research or Case):

<b>ORIGINAL RESEARCH</b>	<b>CASE PRESENTATIONS</b>
<b>Presentation Title</b>	<b>Presentation Title</b>
<b>Background</b>	<b>Clinical Scenario or Case</b>
<b>Methods</b>	<b>Literature Review/Evidence</b>
<b>Results</b>	<b>Unique aspects of case; what was discovered that was new from this case?</b>
<b>Conclusions</b>	<b>Recommendations; Bibliography</b>
<b>IRB Approval (if not applicable, please indicate why)</b>	<b>Conclusions</b>

**DO NOT EXCEED 300 WORDS (title/authors/references not included in the word count). Include names of all investigators, co-authors and locations where study was conducted.** According to professional standards, all individuals involved in the conduct of research should be involved in its reporting; therefore, it is incumbent upon anyone who wishes to submit an abstract, to print the form and have all authors/researchers sign the form indicating that they have reviewed your submission and are in agreement with the content of the submission.

**Additional Authors/Researchers:**

I certify that I have read the submission of \_\_\_\_\_, find the submission to accurately reflect the facts, and hereby attest that the work was performed in a manner consistent with ethical research. I also certify that I have been meaningfully and substantively involved in the conduct and/or supervision of this research and/or the writing of this presentation. I hereby give my permission for this work to be published by the ACOI in an abstract booklet, on the ACOI's website, and/or presented at the ACOI's national meeting.

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Please use additional sheets as required to include all additional authors/researchers.**

**ALL RESIDENTS, FELLOWS AND STUDENTS:** You must have approval of your Program Director or another ACOI member as advisor/mentor in order to present.

**PROGRAM DIRECTOR OR ADVISOR:**

I certify that I have read the submission of \_\_\_\_\_, discussed the facts and reviewed the presentation and endorse this submission for consideration by the Research Committee of the ACOI.

\_\_\_\_\_  
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Date

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