



New York & New Jersey Societies *of* Interventional Pain Physicians



New York and New Jersey Society of Interventional Pain Physicians

CALL FOR ABSTRACTS

Submission Deadline: Friday October 31, 2018

The Planning Committee for the New York and New Jersey Societies of Interventional Pain Physicians (NY/NJSIPP) Annual Meeting invites you to submit abstracts for papers to be presented at the upcoming conference at The Hyatt Regency in Jersey City, NJ. Abstracts should describe original research in the field of pain management with particular focus on Interventional Pain Management.

General Information:

The New York and New Jersey Societies of Interventional Pain Physicians Annual Meeting has reserved time on the program for scientific poster sessions. ePosters will be available for viewing throughout the entirety of the conference. You are welcome and encouraged to bring handouts.

Paper abstracts previously presented or published may not be submitted without modifications, Original work must be changed or expanded, resulting in a new abstract.

The Planning Committee will retain the copyright of the published abstracts. Awards will be presented to the top poster presenters.

Submission Information:

Please use the recommended abstract format:

Introduction/Statement of the Problem, Materials and Methods, Results, and Conclusions. The text of your abstract may be up to 300 words. All correspondence will be sent to the presenting author.

- Poster presentations are limited to one primary presenter
- In 300 words or less, provide an accurate, succinct, and informative representation of the content that will be presented in the paper. The abstract communicates the essence of the presentation to the intended audience.
- Do not use abbreviations. Type in sentence case. Do not type in all caps.
- Do not use the ampersand character (&) unless it is part of the company name.
- Proofread for typographical, grammar, and syntax errors.

All abstract should be submitted electronically as Word documents (with a .doc extension), via email to:

NYNJSIPP 2018 Abstracts

Poppie Wilson

wilsonpl@miamioh.edu

Policy on Commercial Support:

Presentations must avoid commercialism. Presentations that constitute promotion and advertising will not be accepted. If the cost of a presentation has been underwritten to any extent, a clear acknowledgement stating the support and identifying the source should be included in the abstract (e.g., “The support of [corporation or institution] for this project is gratefully acknowledged.”). Statements made in presentations are the sole responsibility of the author or presenter. Statements should not be viewed as or considered representative of any formal stance or position taken on any subject, issue, or product by the NYNJSIPP 2018 Planning Committee.

Selection Criteria:

Submissions will be reviewed and rated by members of the Scientific Planning Committee who have expertise in the clinical area to which the submission belongs. Each submission will be reviewed for its scientific or clinical importance, ethical practice, and study design.

Presenters will be required to complete a presenter information form.

Primary presenters will be notified by e-mail of the proposal’s acceptance or rejection by **November 15, 2018**

Meeting Registration Guideline for Presenters:

Poster presenters must register for the meeting and pay the applicable registration fee, as the NY/NJSIP 2018 Conference will not waive the registration fee. Presenters are also responsible for all personal expenses (e.g., travel, hotel). You are encouraged to register for the meeting and to reserve hotel accommodations as early as possible to ensure that space is available.

For Registration and Hotel Information, please contact the planning committee at:

Davida Rosenthal

rosenthal.davida@gmail.com

913.568.8104

Poster Guidelines:

Specific space will be assigned to display your materials. Abstracts will be displayed beginning prior to the first break of the conference. Presenters for poster presentations may be present at the assigned time to present their materials. Your information should be self-explanatory so that you are free to supplement and discuss particular points raised by viewers. Again, handouts are strongly encouraged. You should bring enough handouts to insure availability to all attendees.

Abstract Submission Form

ABSTRACT TITLE			
Primary Presenter:			
Name & Credentials			
Company			
Mailing Address			
Mailing City, State & Zip			
Phone Number		Email	
Co-Presenter 1:			
Name & Credentials			
Company			
Mailing Address			
Mailing City, State & Zip			
Phone Number		Email	
Phone Number			
Co-Presenter 2:			
Name & Credentials			

Company			
Mailing Address			
Mailing City, State & Zip			
Phone Number		Email	
Phone Number			
Co-Presenter 3:			
Name & Credentials			
Company			
Mailing Address			
Mailing City, State & Zip			
Phone Number		Email	

Page may be copied, if needed, for additional authors.

Abstract: Please Attach Your Abstract Which Includes:

- Introduction
- Objectives
- Materials and Methods
- Results
- Conclusion
- References (Author 1, Author 2, Author 3 et al. Title. Journal Year. Volume:start page-end page)
- Acknowledgements – please acknowledge any funding source and contributors to the research.
- Figure and Table Legend

Disclosures	Yes	No
Do any of the authors of this abstract have any commercial relationships to disclose? • If yes, please complete the Disclosure of Commercial Relationships.		
Is any device or drug requiring FDA approval identified as an important component of your presentation? • If yes, please complete the FDA Disclosure Form		

SIGNED:	DATE:
Print Name:	

By submitting this abstract, the presenting author certifies the following:

- The identical abstract has not been submitted to any other meeting.
- The material has not been accepted for publication prior to this submission.
- All the listed presenters have reviewed this abstract and agree to its submission.
- Upon acceptance, the presenting author accepts the commitment to possibly present the abstract at the NY/NJSIPP Annual Meeting in Jersey City, NJ.

Presenter Biological Form

This information must be submitted for the Primary Presenter only. Please type the information with your name and credentials exactly how you want them to appear in the published materials.

Name		Credentials:	
Professional Title			
Facility			
Work Address			
City		State	Zip
Work Phone		Fax	
Mobile Phone		Email	

Academic Preparation/Institution	
Please Include Relevant Training and Experience in this Area	

Disclosure of Financial Relationships:

All authors submitting abstracts for publication are required to disclose any relationships with industry that may direct bearing on relevant subject matter.

The primary presenter must disclose any author/presenter who has relevant financial interest or other relationships occurring with the past 12 months with commercial companies or organizations.

Please type “Yes” for any category that applies. You may copy and complete as many forms as needed.

AUTHOR NAME			
Company			
Enter Yes, if applicable:			
• Board Member/Trustee			
• Consultant/Advisor			
• Employee			
• Investigator			
• Investment Interest			
• Meeting Participant/ Lecturer			

• Owner			
• Scientific Study/Trial			
• Other (please specify)			

FDA Disclosure

If a device or drug requiring FDA approval is identified as an important component of your presentation, please list the device/drug and indicate the FDA status as either:

- Approved
- Investigational Device/Drug
- Not Approved for Distribution in the United States

DEVICE/DRUG	STATUS

We look forward to receiving your abstracts for NY/NJSIPP 2018!

For additional NY/NJSIPP 2018 Meeting Information, please contact the Planning Committee.

Sincerely -

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