



Keystone Chapter, American College of Surgeons

ABSTRACT RESERVATION FORM*

2008 Annual Scientific Meeting

**This form required with submission to confirm participation in the abstract presentations.
Fax to 717-558-7841 Attn. MaryTherese Gallagher, Keystone ACS Meeting Manager*

TITLE:

AUTHOR(S): (list first name, last name of all authors and all applicable titles such as MD, DO, Ph.D., RN, etc.)

PRESENTER: (Author who will present the study, if accepted, and who will receive award, if chosen):

INSTITUTION NAME AND MAILING ADDRESS:

PRESENTER'S CONTACT INFORMATION: (list **address, phone, fax, email** of presenter; correspondence will be sent to presenter unless listed otherwise):

WHICH EDUCATIONAL OBJECTIVE DOES YOUR PRESENTATION MEET?

- Identify new surgical techniques occurring in Pennsylvania
- Assess new patient safety mechanisms
- Recognize the benefits of performing surgical research studies

ADDITIONAL EDUCATIONAL OBJECTIVES: (list below)

ABSTRACT SUBMISSION DEADLINE: **August 31, 2008**

Please indicate if you are submitting an abstract for oral presentation or poster presentation:

____ Oral Abstract

____ Poster Submission

I certify that this research has been approved by and complies with my institution's review committees for human and animal experimentation, where appropriate:

Signature of Principal Author

Date



Keystone Chapter, American College of Surgeons
ABSTRACT RESERVATION FORM
2008 Annual Scientific Meeting

Please include: Title, Introduction/Hypothesis, Methodology, Results and Conclusions, single-spaced - Must fit on this form.