



**2009 Annual Scientific Meeting  
Resident Presentations  
Supported by the Keystone Chapter,  
American College of Surgeons**

**Friday, November 6, 2009**  
Pennsylvania Medical Society Headquarters  
777 East Park Drive  
Harrisburg, PA 17111

**All Residents are invited and warmly encouraged to  
participate in this annual event!**

This is an excellent opportunity to gain some experience in presenting research, and to meet and network with residents from Pennsylvania residency programs as well as with your colleagues who practice in a variety of career settings in this region.

**Please submit a 200 (maximum) word abstract with your name and hospital affiliation to MaryTherese Gallagher Keystone Meeting Manager [mgallagher@pamedsoc.org](mailto:mgallagher@pamedsoc.org); fax 717-558-7841 by August 31, 2009.**

Oral & poster presentations may address basic or clinical research, interesting clinical cases, novel educational programs, or any other topic that would be of potential interest to your colleagues and meets one or more of the

**Educational Objectives:**

1. Identify new surgical techniques occurring in Pennsylvania;
2. Assess new patient safety mechanisms;
3. Recognize the benefits of performing surgical research studies.

**Please see your residency-training director for more information or call MaryTherese Gallagher at the KC/ACS toll free at 866-633-5784.**

Poster presenters will need to supply their own materials including a 4'x6' poster board. KC/ACS will supply the easel.



Keystone Chapter, American College of Surgeons

ABSTRACT RESERVATION FORM\*

2009 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, 2009**

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



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