



TIMOTHY DEER, MD AND THE WVSIPP
PRESENT
PAIN, 2017
July 28-30, 2017
Loews Miami Beach Resort, Florida

CALL FOR POSTER ABSTRACTS

Submission Deadline: June 1, 2017

The Planning Committee for the PAIN, 2017 Conference invites you to submit abstracts for papers to be presented at the upcoming conference at the Loews Miami Beach Resort. Abstracts should describe original research in the field of pain management with particular focus on Interventional Pain Management or related field.

GENERAL INFORMATION

The PAIN, 2017 Planning Committee has reserved time on the program for scientific poster sessions. Poster sessions will take place during breaks on **Friday and Saturday (July 28th and 29th)** and posters 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 modification. Original work must be changed or expanded, resulting in a new abstract.

The Planning Committee recognizes that submissions of high quality, accepted for presentation at this meeting, should be acknowledged. The committee will retain the copyright of 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 (1) 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 use all caps.
- Do not use the ampersand character (&) unless it is part of the company name.
- Proofread for typographical, grammar, and syntax errors.

All abstracts should be submitted electronically, as Word documents (with a .doc extension), via e-mail to:
PAIN, 2017 Abstracts
Stephanie Aycock
Email: aycock.stephanie@gmail.com

To register, go online to www.WVSIPP.com
Or, by contacting the Planning Committee at Aycock.Stephanie@gmail.com

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 PAIN, 2017 Planning Committee.

SELECTION CRITERIA

Submissions will be reviewed and rated by members of the 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 and faculty disclosure form.

Primary presenters will be notified by e-mail of the proposal’s acceptance or rejection by **June 15th, 2017**.

MEETING REGISTRATION GUIDELINES FOR PRESENTERS

Poster presenters must register for the meeting and pay the applicable registration fee, as the PAIN, 2017 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, go online to: www.WVSIPP.com or contact the Planning Committee directly: aycock.stephanie@gmail.com.

POSTER GUIDELINES

Specific space will be assigned to display your materials. Abstracts will be displayed beginning prior to the first break on **Friday, July 28th** and removed at the conclusion of sessions on **Saturday, July 29th**.

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.



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ABSTRACT SUBMISSION FORM

Submission Deadline: June 1, 2017

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 presenters.

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ABSTRACT SUBMISSION FORM

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? <ul style="list-style-type: none"> • 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? <ul style="list-style-type: none"> • 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 WVSIPP PAIN, 2017 Conference, July 28-30, 2017 at the Loews Miami Beach Hotel, Miami Beach, Florida.

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ABSTRACT SUBMISSION FORM

PRESENTER BIOGRAPHICAL FORM – This information must be submitted for the Primary Presenter only. Please type the information with your name and credentials exactly as 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	

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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)			

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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

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