



2025 Abstract Poster Competition Application for Participation

Complete this application and remit with a pdf copy of the poster by **February 7, 2025**. Email to:
Luci Ridolfo: lrinolfo@ohfama.org

GENERAL INFORMATION:

Name(s) of Author(s): _____

Representative Phone Number: _____ Email: _____

Residency Program: _____

Residency Director: _____

Author or group representative sign below, verifying that (a) the research poster submitted is original work, (b) the author/authors DO NOT have a conflict of interest in submitting this paper (see "Guidelines") and (c) all patient information has been removed according to HIPAA regulations

Author or Group Representative: _____ Date: _____

All applications must be signed by the Residency Director to verify this poster has been reviewed for content and authenticity

Residency Director Signature: _____ Date: _____

POSTER INFORMATION

(please note this information may be typed and submitted via email)

Category for Evaluation (must select one): ___ Case Study ___ Scientific Poster

Title: _____

Authors: _____

Format: _____

Length of follow-up (minimum 10 months prior to submission): _____

Level of Evidence: _____

Classification: _____

Purpose: _____

Methodology: _____

Procedures:

Results:

Discussion:
