

SPORT MED '23
APPLICATION FOR SCIENTIFIC PROGRAM

Blue Mountain Conference Centre
April 21 & 22, Toronto, Ontario

This application must be received by **April 3, 2023**. Submit to: Conference Planning, Ontario Medical Association, 150 Bloor St. W, Suite 900, Toronto, Ontario M5S 3C1 email; jennifer.csamer@oma.org Phone; 416.599.2580 or 1.800.268.7215, ext. 3461.

INSTRUCTIONS:

1. Complete mailing address for all authors.
2. The abstract is to be typed in the space provided on the reverse side. Do not place author(s) name on reverse side.
3. The abstract must include:
 - a) Purpose of Study
 - b) Statement of methods used
 - c) Summary of result
 - d) Major conclusions
4. Deadline for receipt of abstracts is April 3, 2023
5. ALL instructions listed above must be adhered to or abstract will not be considered.

IT IS AGREED:

- An author's name may appear on a TOTAL of two (2) papers ONLY.
- I) Primary author on one (1) paper AND co-author on one (1) paper.
OR
 - II) Co-author of two (2) papers only.

DISCLOSURE STATEMENT:

Below are two statements, one of which will apply to you and your co-authors in connection with your participation in the Sport Med '23 Scientific Program. Please read the following statements and, after querying all authors, place a check in the box which applies. If you or your co-authors received something of value from a commercial party which relates directly or indirectly to the subject of the presentation, place a check in the first box.

The author/co-authors have been queried regarding whether they or their department with which they are affiliated received something of value from a commercial or other party related directly or indirectly to the subject of the presentation.

* Any item, payment, or service valued in excess of \$750.00

- One or more of the authors or co-authors has received something of value from a commercial or other party related directly or indirectly to the subject of the presentation.
- Neither the author or co-authors has received anything of value from a commercial or other party related directly or indirectly to the subject of the presentation.

TITLE: _____

AUTHOR: _____

CO-AUTHOR(S): _____

ADDRESS: _____

PRESENTER: _____ **PHONE:** _____

FAX: _____ **EMAIL:** _____

SIGNATURES OF ALL AUTHORS ARE REQUIRED BELOW:

