



ANNUAL MEETING

SEPTEMBER 14-18, 2005
LOS ANGELES, CA

DEADLINE JANUARY 15, 2005

CALL FOR
ABSTRACTS

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DEADLINE • JANUARY 15, 2005

64TH ANNUAL MEETING • SEPTEMBER 14-18, 2005 • LOS ANGELES, CA

The American Academy of Otolaryngic Allergy invites all investigators to submit abstracts of their clinical research findings relating to otolaryngic allergy for consideration for its Annual Scientific Program.

CONTACTS

Each abstract must be accompanied by the following:

- 1) A letter of transmittal stating the name, address, phone number, fax number, and e-mail of the Author who will present the paper and, if applicable, the individual to whom the AAOA should address its correspondence.
Note: Only the presenter will be listed in the program.
- 2) An electronic and hard copy of the abstract.
- 3) Indication as to whether the abstract should be considered as a Scientific Paper, Symposia, Workshop, or Instruction Course.
- 4) A signed disclosure form.
- 5) Completed Audio Visual form.

All abstracts **MUST** be submitted by January 15, 2005 for the 2005 Annual Meeting to:

Abstract Coordinator
meetings@aoaf.org
American Academy of Otolaryngic Allergy
1990 M Street, NW Suite 680
Washington, DC 20036

The registration fee is waived for 1 presenter.

Presenters must submit registration form and payment for any additional Instruction Courses or Workshops they plan on attending.

ABSTRACT REQUIREMENTS

Abstracts accepted for presentation will be published in the AAOA Annual Meeting Program exactly as submitted. To ensure uniformity and assist the Task Force, please conform to the following requirements. **ABSTRACTS THAT DO NOT FOLLOW THESE GUIDELINES WILL NOT BE ACCEPTED**

All Abstracts must:

- 1) Contain a clear statement of the purpose of your work, together with sufficient methodology and results, as well as supporting references, to enable readers to understand the purpose and significance of your project.
- 2) Limited to **100** words.
- 3) Title bolded and presented as the author would like it to be printed in the Annual Meeting Program.
- 4) Indicate presenting author. Only the presenting author will be listed in the program and be eligible for complimentary registration.
- 5) Instruction Courses must include goals, objectives, and supporting references.
- 6) Be submitted via email and in hard copy.
- 7) Instruction courses are limited to 1 hour.
- 8) All instruction courses, including those that have been presented previously, must be submitted to be considered. Please note if it is a resubmitted course.

ABSTRACT AUTHOR'S CONFIRMATION

I agree that the material in the abstract has not yet been submitted for publication, published, or presented, and it is not under consideration for presentation at another meeting. The penalty for duplicate presentation is possible prohibition from presenting at future AAOA meetings. (Note: Does not apply to instruction course submissions.)

Presenter's Signature _____

Name of Corresponding Author _____

Phone _____ **Fax** _____

Mailing Address _____

Email _____

ABSTRACT AUTHOR(S) DISCLOSURE FORM

The authors agree to acknowledge any support from commercial firms. If an author has had a personal financial relationship with a commercial firm or for-profit entity relating to the abstract topic, this relationship must be described on a separate page attached to this form. Such a relationship includes: salaries, ownerships, equity positions, stock options, royalties, consulting fees or honoraria for speaking, material support, and other financial arrangements. Failure to reveal this information is unethical and not in compliance with ACCME rules.

If any of your presentations include the discussion or demonstration of a medical device or pharmaceutical agent that is not approved by the FDA or a medical or surgical procedure that involves an unapproved or "off-label" use of an approved medical device or pharmaceutical agent, this must be disclosed to the audience at the time of your presentation.

I/We DO/DO NOT intend to discuss an unapproved/investigative use of a commercial product/device.

I/We DO/DO NOT have any significant financial relationship that creates, or may be perceived as creating, conflict related to this proposed educational activity.

Study supported by: _____

** Due to ACCME rules, commercial slides or product endorsements, implied or direct, cannot be incorporated into any instruction courses or scientific presentations. This includes handouts, as well as presentation materials.*

Affiliation Interest and Name of Corporate Organization(s)

(Consultant, Grant/Research Support, Speaker's Bureau, Other financial Interests/Material Support, etc.)

Author Signature(s) _____

Date _____

Abstract Title _____

AUDIO VISUAL EQUIPMENT RESERVATION

The AAOA will have an LCD Projector, laptop computer, a 12' screen, laser pointer, and a microphone in the general session. Instruction course room assignments will be based on registration numbers. Instructors are required to use LCD projection. The AAOA does not supply laptop computers for instruction courses.

- Yes, I need an LCD Projector
- No, I do not need an LCD Projector

- **All presentations must be submitted on CD, in MS Powerpoint, by August 31, 2005.**
- **Presenters must submit registration and payment for courses to attend even if they are accepted to present. The registration fee is waived for presenters.**
- **For all general session presentations, the LCD projector presentations will be pre-loaded onto the AAOA computer. Personal equipment will not be allowed.**

ABSTRACT AUTHOR BACKGROUND INFORMATION

1. Which of the following areas of ORL-HNS do you practice? Check up to 5 that apply

- | | |
|---|--|
| <input type="checkbox"/> Most or all areas of ORL-HNS | <input type="checkbox"/> Laryngology |
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Neurology/Otology |
| <input type="checkbox"/> Broncho-Esophagology | <input type="checkbox"/> ORL Pathology |
| <input type="checkbox"/> Facial Plastic and Recon Surgery | <input type="checkbox"/> Pediatric ORL |
| <input type="checkbox"/> Head and Neck Surgery | <input type="checkbox"/> Rhinology |

2. Which of the following occupational settings best describes your practice. Check only one.

- | | |
|--|---|
| <input type="checkbox"/> Solo | <input type="checkbox"/> Academic-Resident Fellow |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Full-Time Research |
| <input type="checkbox"/> Group Single Specialty# _____ MDs | <input type="checkbox"/> Industry |
| <input type="checkbox"/> Group Multi-Specialty# _____ MDs | <input type="checkbox"/> Military |
| <input type="checkbox"/> HMO | <input type="checkbox"/> Government |
| <input type="checkbox"/> Academic-Faculty | <input type="checkbox"/> Other _____ |

3. What other otolaryngic meetings do you attend?

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> AAO-HNSF | <input type="checkbox"/> AAFPRS |
| <input type="checkbox"/> Triological | <input type="checkbox"/> ASHNS |
| <input type="checkbox"/> ARS | <input type="checkbox"/> AOS |
| <input type="checkbox"/> ANS | <input type="checkbox"/> ASPO |
| <input type="checkbox"/> ALA | <input type="checkbox"/> SUO |
| <input type="checkbox"/> ABEA | <input type="checkbox"/> Other _____ |