

Call For Presentations, Posters, Papers and Corporate Symposia

Deadline for oral presentation submissions is December 16, 2016

Deadline for poster submissions is April 20, 2017

Before completing this form review the information on the "Call for Papers", which contains details of formats and topics. Please download this form and save it on your computer. Open the saved PDF form and complete it, then re-save the completed form and email it as an attachment to: jom@pnpc.com

For additional information visit www.opioidconference.org

Lead Presenter [Please include your academic credentials (MD, PhD, etc.) with your Last Name]

First Name		Last Name	
Position		Organization	
Address			
Email		Telephone	

Co-Presenters [Please include your academic credentials (MD, PhD, etc.) with your Last Name]

First Name		Last Name	
Position		Organization	
Address			
Email		Telephone	

First Name		Last Name	
Position		Organization	
Address			
Email		Telephone	

Additional Presenter Blocks on Last Page

Title <i>(Please specify)</i>	
Short Description <i>(Max. 50 words)</i>	
Abstract <i>(Max. 200 words)</i>	Each Abstract should include: <ul style="list-style-type: none"> ▪ Background/importance of research topic (very brief!): An introductory description of the science of the Project and/or the significance of the research area.

	<ul style="list-style-type: none"> ▪ Purpose/hypothesis (thesis or statement of problem): An introductory statement (thesis) explaining the reason for the research, or a statement of the problem or hypothesis. ▪ Procedures/Data/ Observations: Summary of procedures, emphasizing key points or steps, and the data you observed. Include results that made you revise procedures along the way. ▪ Conclusions/Applications: What was learned about the hypothesis and what it means to the world?
<p>Post-conference CME Questions (Presentations Only)</p> <p><i>(Please include a minimum of five (5) post-conference CME test questions)</i></p>	<ol style="list-style-type: none"> 1. 2. 3. 4. 5.
<p>Goals, Objectives and Outcomes of Presentation</p>	
<p>Target Groups</p>	
<p>Topic</p> <p><i>Select the theme(s) covered</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Basic Science Research in Opioids <input type="checkbox"/> Translational Opioid & Pain Research <input type="checkbox"/> Opioid Pharmacology <input type="checkbox"/> Update on Pain Physiology with Attention to Opioid Mechanism of Action <input type="checkbox"/> Evidence Based Opioid Prescribing <input type="checkbox"/> Prescription Monitoring Programs <input type="checkbox"/> Overview of Drug Addiction <input type="checkbox"/> Pain Management in the Patient with History of Addiction <input type="checkbox"/> Opioid Management and the Family Physician Office <input type="checkbox"/> Risk Evaluation and Mitigation Strategies (REMS) <input type="checkbox"/> Case Studies <input type="checkbox"/> Other Cutting-edge Topic Relevant to ICOO 2016 attendees <input type="checkbox"/> Interventional Pain Management Opioid Techniques <input type="checkbox"/> Inequalities in Pain Experience and Pain Management <input type="checkbox"/> Clinical Practice Guidelines for Opioids <input type="checkbox"/> Legal, Ethical & Regulatory Issues of Prescribing Opioids <input type="checkbox"/> Abuse and Addiction Issues and Opioids <input type="checkbox"/> Other: Please specify _____

Proposed Format <i>Please indicate your choice of format</i>	<input type="checkbox"/> Oral Presentation (10-15 proposed presentations will be accepted), Time Requested: _____ <input type="checkbox"/> Poster (60-70 presentations of such format will be accepted – IN ENGLISH ONLY) * <input type="checkbox"/> Satellite Symposia (Non-CME) (please describe the format in the box below) <input type="checkbox"/> Supplemental Workshop (Sponsored/Non-Sponsored) (please describe format in box below)		
Description of Workshop or Satellite Symposia Format	<i>Describe how your proposed workshop or training event will work, what the key objectives are, how you will make it exciting, interactive and enjoyable.</i>		
Additional Co-Presenters [Please include your academic credentials (MD, PhD, etc.) with your Last Name]			
First Name		Last Name	
Position		Organization	
Address			
Email		Telephone	
First Name		Last Name	
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Address			
Email		Telephone	

*Three posters will be selected to present orally at ICOO2017 during one of three ten minute sessions. To be considered you must complete and forward our standard ICOO2017 Disclosure Form. This requirement is per ACCME rules. Thank you.