

Call For Presentations, Posters, Papers and Corporate Symposia

Deadline for oral presentation submissions is **July 15, 2021**

Deadline for poster submissions is **July 15, 2021**

Please download this fillable PDF form and save it on your computer. Before completing, review the information on the "Call for Papers" info sheet, which contains details of formats and topics. Open the saved PDF form and complete it.

Then re-save the form using "Save As" PDF. Email the completed PDF form 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?
Post-conference CME Questions (Presentations Only; Not for Posters) <i>(Please include a minimum of five (5) post-conference CME test questions)</i>	1. 2. 3. 4. 5.
Goals, Objectives and Outcomes of Presentation	
Target Groups	
	<input type="checkbox"/> Best Practices in Opioid Prescription: Dosing, OIH and, Opioid Rotation <input type="checkbox"/> Basic Science Research in Opioids and Opioid Pharmacology <input type="checkbox"/> Ethical Issues in the Use of Opioids <input type="checkbox"/> Legal, Regulatory, and Public Health Issues of Prescribing Opioids <input type="checkbox"/> Opioids in Acute Pain <input type="checkbox"/> Perioperative Pain Management <input type="checkbox"/> Patient Selection for Use of Opioids to Treat Pain <input type="checkbox"/> Use of Opioids in Chronic Non-Cancer Patients <input type="checkbox"/> Abuse Deterrent Opioid Formulations and Their Applications <input type="checkbox"/> Tapering Patients Off Opioids - Advanced Cases <input type="checkbox"/> Treatment of Co-Morbid Conditions, eg Addiction-Bipolar Disorder; Addiction-ADHD <input type="checkbox"/> Detecting Abuse, Diversion, and Addiction <input type="checkbox"/> Use of Buprenorphine for Treatment of Pain. <input type="checkbox"/> Medical Cannabis and Opioids <input type="checkbox"/> Translational Opioid & Pain Research <input type="checkbox"/> Evidence Based Opioid Prescribing <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"/> Current Topics in Risk Evaluation and Mitigation Strategies (REMS) <input type="checkbox"/> Interventional Pain Management Opioid Techniques <input type="checkbox"/> Pain Management with Opioids for Cancer Survivors <input type="checkbox"/> Case Studies, Advance Pain Management, Addiction, etc. <input type="checkbox"/> Other Cutting-edge Topics

Proposed Format <i>Please indicate your choice of format</i>	<input type="checkbox"/> Oral Presentation (Peer reviewed presentations will be accepted), Time Requested: _____ <input type="checkbox"/> Poster <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)		
Workshop or Satellite Symposia Format Description	<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 <i>[Please include your academic credentials (MD, PhD, etc.) with your Last Name]</i>			
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