

## TEXAS PAIN SOCIETY

### *2<sup>nd</sup> Annual Samuel J. Hassenbusch, MD, PhD Abstract Award*

#### **CALL FOR ABSTRACTS**

*The Texas Pain Society* invites members and others to submit poster abstracts to be considered for presentation at the 2<sup>nd</sup> Annual Scientific Meeting.

**ELIGIBILITY:** Residents and/ or fellows who are in a training program in pain management who wish to submit an abstract on the topic of pain.

**REQUIREMENTS:** Abstracts should be those of relevant topics on pain. These will be reviewed according to content, originality, the literature review, style and organization. The essay should not exceed 1,000 words.

**PRESENTATION:** All entries will have the opportunity to be displayed at the TPS 2<sup>nd</sup> Annual Scientific Meeting (all fellows will receive complimentary registration to the meeting). The 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> place winner will be selected on Friday evening during the welcome reception. The top three winners will have approximately 5 minutes each to present their paper on Saturday afternoon. In addition, the top three winning abstracts will be posted on the TPS website.

**PRIZE:** 1<sup>st</sup> place will received \$500 check, 2<sup>nd</sup> place will receive a \$400 check and 3<sup>rd</sup> place will receive a \$300 check.

**DEADLINE:** All entries must be emailed to Krista Crockett at the TPS office at [kcrockett@texaspain.org](mailto:kcrockett@texaspain.org). They must be received no later than August 1, 2010.

#### **FOR ADDITIONAL INFORMATION PLEASE CONTACT:**

Krista Crockett

Texas Pain Society

Tel: (512) 535-0010 OR (866) 324-7922/ Fax: (866) 235-2557

E-mail: [kcrockett@texaspain.org](mailto:kcrockett@texaspain.org)

**SUBMISSION:** You may submit your abstract by email starting April 15, 2010 through August 1, 2010. Additional submissions will not be accepted after August 1, 2010.

**NOTIFICATION:** A list of the primary authors' names will be posted on the TPS web site, [www.texaspain.org](http://www.texaspain.org) in August, 2010. All entries will receive notification for display at the 2<sup>nd</sup> Annual Scientific meeting.

**IMPORTANT INFORMATION ABOUT SUBMISSION AND ISSUES RELATED TO COPYRIGHT:** Paper/Poster abstracts previously presented or published may not be submitted to TPS without modification. Data must be updated or expanded, resulting in a new abstract. The primary author will be asked to sign an Abstract Submission Agreement which confirms that the primary author agrees to grant TPS unrestricted, irrevocable permission to publish the abstract in printed material and on the web. The primary author retains the abstract's copyright, and anyone wishing to use the abstract after the TPS publication will be instructed to contact the primary author for permission.

#### **GENERAL INFORMATION**

- Abstracts are limited to 1,000 words and images and/or tables are allowed.
- If you must cite a reference, please do so at the end of your abstract using the following format: author name, publication name, and year of publication, e.g., (Smith, J Pain, 2002).
- If the author(s) received any funding/industry support for the research presented in the abstract, or will receive support for the preparation of poster materials, a clear acknowledgment of support should be included at the end of the abstract, e.g., Supported by a grant from ABC Pharmaceuticals.

**SELECTION CRITERIA:** Paper submissions will be reviewed and rated by members of the TPS Abstract Committee who have expertise in the research or clinical area to which the submission belongs. Each submission will be reviewed for content, originality, thoroughness of the literature review, style and organization.

**2010 Texas Pain Society  
2<sup>nd</sup> Annual Samuel J. Hassenbusch, MD, PhD Abstract Award  
Entry Form**

1. Name: \_\_\_\_\_ Designation: \_\_\_\_\_  
(MD, DO, PhD, etc)

2. Mailing Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

5. Fellowship Information:

a. School/Hospital: \_\_\_\_\_

b. Expected completion date: \_\_\_\_\_

6. Title of Paper: \_\_\_\_\_

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**Permission for the Texas Pain Society to publish and distribute**

By signing this form I understand that I am giving permission to the Texas Pain Society to publish and distribute my work on the TPS website as well as in printed form. I understand that I hold the copy right to this work for all future publications and uses.

\_\_\_\_\_

Name

\_\_\_\_\_

Date