



MICHIGAN ORTHOPAEDIC SOCIETY  
2020 Annual Scientific Meeting  
June 19-21, 2020  
Grand Hotel | Mackinac Island

## INSTRUCTIONS & APPLICATION Abstract Podium | Poster Submission

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**SUBMISSION DEADLINE: March 30, 2020 at midnight**

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**GUIDELINES:** The application below, abstract and disclosure form for each author or co-author must be completed to be considered for a podium or poster submission. Please note: ***No acceptance without all disclosures!*** The deadline for submission is March 30, 2020 at midnight.

Be sure at least one faculty member on your submission is a MOS member in good standing!

The application (pages 2 & 3 of this document) and abstract must be emailed to [MOS\\_Abstacts@outlook.com](mailto:MOS_Abstacts@outlook.com). If the file is too large, please contact Tammi Connell, Executive Director, at 517.668.6673 ext. 303 for another submission option.

Instructions for submission of the disclosure form(s) can be found on page 4 of this document (new change with Beaumont).

You may request a poster or podium presentation submission, but final discretion remains with the Michigan Orthopaedic Society (MOS) selection committee as to the status of your presentation.

### **ORGANIZATION OF ABSTRACT:**

- Title, B) Purpose, C) Methods, D) Results, E) Conclusion
- Abstract should be in 12-point Times New Roman in a Word document
- Include the title at the top of page one of the abstract
- Only THREE figures or graphs may be included – Please ensure good quality figures or graphs (no distortion)
- Do not cite references in the abstract
- All patient identification must be removed from images for compliance
- Please check your work – the MOS is not responsible for proofreading

**AUTHOR INFORMATION:** All authors are required to disclose! Complete mailing address, phone number and emails are required for all authors including the designated “presenting author.” Include degree of author(s). A presenting author must be available to present at the June Meeting. Failure to present once a paper is accepted results in loss of submission rights for two years at a MOS annual meeting.

**PRESENTATIONS ACCEPTED AS PODIUM:** All general session podium presentations will be 5–6 minutes in length depending on the number accepted.

**PRESENTATIONS ACCEPTED AS POSTERS:** Presentations must be within 4’ X 8’ in size or smaller to go on poster boards on easels. Poster boards, easels and poster pins will be provided.

**NOTIFICATION OF ACCEPTANCE:** The MOS educational committee reviewing your abstract submission will make a final determination on whether it will be presented as a podium or poster. Abstracts will be forwarded to the MOS program committee for review. The abstract submitter will be notified of acceptance by no later than April 27, 2020.

**RESIDENT BEST PAPER AWARD:** If you wish to be eligible for the RESIDENT Best Paper award, your final paper must be received by the MOS by May 27, 2020 at [MOS\\_Abstacts@outlook.com](mailto:MOS_Abstacts@outlook.com)

MICHIGAN ORTHOPAEDIC SOCIETY  
Abstract Application for Scientific Presentation

Page 2

**PRESENTER** (must be available to present at June meeting):

Name \_\_\_\_\_ Circle one: MD • DO

Hospital/Practice \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

Please declare if this is a member or resident paper:     MEMBER     RESIDENT

Presentation type REQUESTED (not guaranteed) – NEW:  POSTER     PODIUM

Has this abstract been previously presented?     YES     NO

Has the disclosure form for each co-author been submitted ONLINE     YES

***Please see page 4 of this form for new Beaumont instructions to complete disclosure!***

Topic (REQUIRED):     BASIC SCIENCE     ELBOW, FOREARM, WRIST & HAND     FOOT/ANKLE  
                                   HIP/KNEE     PEDIATRICS/PEDIATRIC SPINE     SHOULDER  
                                   SPINE     SPORTS     TRAUMA     TUMOR

Title (ALL CAPS): \_\_\_\_\_

**ABOUT THE AUTHOR:**

Author's Name and Academic Degree: \_\_\_\_\_

Academic Affiliation: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone for Contact: \_\_\_\_\_ Email address: \_\_\_\_\_

**CO-AUTHOR(S):** Please include all authors. Note: An email address for each must be included. Each author must complete a disclosure form (instructions on page 4).

Co-author's Name and Academic degree: \_\_\_\_\_

Program Affiliation: \_\_\_\_\_

Email address: \_\_\_\_\_

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Abstract Application for Scientific Presentation

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**CO-AUTHOR(S) – continued:** *Note: An email address for each must be included. Each author must complete a disclosure form (instructions on page 4. Please list all authors (include additional page, if necessary).*

Co-author's Name and Academic degree: \_\_\_\_\_

Program Affiliation: \_\_\_\_\_

Email address: \_\_\_\_\_

Co-author's Name and Academic degree: \_\_\_\_\_

Program Affiliation: \_\_\_\_\_

Email address: \_\_\_\_\_

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Program Affiliation: \_\_\_\_\_

Email address: \_\_\_\_\_

Co-author's Name and Academic degree: \_\_\_\_\_

Program Affiliation: \_\_\_\_\_

Email address: \_\_\_\_\_

## Disclosure Instructions – REQUIRED!

1. Navigate to the Beaumont Health CME Portal at <https://beaumont.cloud-cme.com/>
2. Scroll to the bottom and click the Disclosure Form button found in the footer of the home page.
3. After clicking the button, you will be prompted to log in.

If you do not recall your password to your account, click the *Forgot Your Password* link and follow the prompts to reset your password.

If you do not already have an account in the Beaumont Health CME Portal, click the *Don't Have an Account* link and follow the prompts to create one.

4. After login, complete and submit the form.

**BE SURE AT LEAST ONE FACULTY MEMBER ON YOUR SUBMISSION IS AN MOS MEMBER IN GOOD STANDING!!!**

If you encounter any issues with the disclosure process, please contact the CME Office at 248.551.0200 or via email to [cme@beaumont.edu](mailto:cme@beaumont.edu)

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