



ASPAN 2021
JULY 22-25, 2021

CALL FOR POSTER ABSTRACTS

Submission Deadline: June 15, 2021

The Planning Committee for the ASPAN, 2021 Conference invites you to submit abstracts to be presented at the upcoming conference. Abstracts should describe original research in the field of pain management with particular focus on Interventional Pain Management or related field.

GENERAL INFORMATION

The ASPAN, 2021 Planning Committee has reserved time on the program for scientific poster sessions.

Paper abstracts previously presented or published may not be submitted without modification. Original work must be changed or expanded, resulting in a new abstract.

The Planning Committee recognizes that submissions of high quality, accepted for presentation at this meeting, should be acknowledged. The committee will retain the copyright of published abstracts.

Awards will be presented to the top submissions. Award for top 3 in medical students/residents/fellows in following categories:

- 1) Clinical Science**
- 2) Basic Science**
- 3) Pediatric Pain**
- 4) Case Report**
- 5) White Paper**
- 6) Overall Winner**

SUBMISSION INFORMATION

Please use the recommended abstract format: Introduction/Statement of the Problem, Materials and Methods, Results, and Conclusions. The text of your abstract may be up to 300 words. All correspondence will be sent to the presenting author.

- Poster presentations are limited to one (1) primary presenter.
- In 300 words or less, provide an accurate, succinct, and informative representation of the content that will be presented in the paper. The abstract communicates the essence of the presentation to the intended audience.
- Do not use abbreviations. Type in sentence case. Do not use all caps.
- Do not use the ampersand character (&) unless it is part of the company name.
- Proofread for typographical, grammar, and syntax errors.

All abstracts should be submitted electronically, as Word documents (with a .doc extension), via e-mail to:
ASPAN 2021 Abstracts

Mandy Alexander Mandy@mantrameetings.com

To register, go online to www.aspnpain.com

POLICY ON COMMERCIAL SUPPORT

Presentations must avoid commercialism. Presentations that constitute promotion and advertising will not be accepted. If the cost of a presentation has been underwritten to any extent, a clear acknowledgement stating the support and identifying the source should be included in the abstract (e.g., “The support of [corporation or institution] for this project is gratefully acknowledged.”). Statements made in presentations are the sole responsibility of the author or presenter. Statements should not be viewed as or considered representative of any formal stance or position taken on any subject, issue, or product by the ASPN, 2021 Planning Committee.

SELECTION CRITERIA

Submissions will be reviewed and rated by members of the Planning Committee who have expertise in the clinical area to which the submission belongs. Each submission will be reviewed for its scientific or clinical importance, ethical practice, and study design.

Presenters will be required to complete a presenter information form and faculty disclosure form.

Primary presenters will be notified by e-mail of the proposal’s acceptance or rejection by **June 20, 2021**.

MEETING REGISTRATION GUIDELINES FOR PRESENTERS

Poster presenters must register for the meeting and pay the applicable registration fee, as the ASPN, 2021 Conference will not waive the registration fee.

For Registration information, go online to: www.aspnpain.com or contact the Planning Committee directly.



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ABSTRACT SUBMISSION FORM

Submission Deadline: June 15, 2021

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|---------------------------|--|-------|--|
| ABSTRACT TITLE | | | |
| | | | |
| Primary Presenter: | | | |
| Name & Credentials | | | |
| Company | | | |
| Mailing Address | | | |
| Mailing City, State & Zip | | | |
| Phone Number | | Email | |
| | | | |
| Co-Presenter 1: | | | |
| Name & Credentials | | | |
| Company | | | |
| Mailing Address | | | |
| Mailing City, State & Zip | | | |
| Phone Number | | Email | |
| Phone Number | | | |
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| Co-Presenter 2: | | | |
| Name & Credentials | | | |
| Company | | | |
| Mailing Address | | | |
| Mailing City, State & Zip | | | |
| Phone Number | | Email | |
| Phone Number | | | |
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| Co-Presenter 3: | | | |
| Name & Credentials | | | |
| Company | | | |
| Mailing Address | | | |
| Mailing City, State & Zip | | | |
| Phone Number | | Email | |

Page may be copied, if needed, for additional presenters.

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ABSTRACT SUBMISSION FORM

Please Highlight what category the abstract is being submitted for:

1)Clinical Science 2)Basic Science 3)Pediatric Pain 4)Case Report 5) White Paper

ABSTRACT : PLEASE ATTACH YOUR ABSTRACT WHICH INCLUDES:

- Introduction
- Objectives
- Materials and Methods
- Results
- Conclusion
- References (Author 1, Author 2, Author 3 et al. Title. Journal Year. Volume: start page-end page)
- Acknowledgements – please acknowledge any funding source and contributors to the research.
- Figure and Table Legend

| DISCLOSURES | YES | NO |
|---|-----|----|
| Do any of the authors of this abstract have any commercial relationships to disclose? <ul style="list-style-type: none"> • If yes, please complete the Disclosure of Commercial Relationships. | | |
| Is any device or drug requiring FDA approval identified as an important component of your presentation? <ul style="list-style-type: none"> • If yes, please complete the FDA Disclosure Form | | |

| | |
|----------------|--------------|
| SIGNED: | DATE: |
| Print Name: | |

By submitting this abstract, the presenting author certifies the following:

- The identical abstract has not been submitted to any other meeting.
- The material has not been accepted for publication prior to this submission.
- All the listed presenters have reviewed this abstract and agree to its submission.
- Upon acceptance, the presenting author accepts the commitment to possibly present the abstract at the ASPAN, 2021 Conference, July 22-25, 2021

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ABSTRACT SUBMISSION FORM

PRESENTER BIOGRAPHICAL FORM – This information must be submitted for the Primary Presenter only. Please type the information with your name and credentials exactly as you want them to appear in the published materials.

| | | | |
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| Name | | Credentials: | |
| Professional Title | | | |
| Facility | | | |
| Work Address | | | |
| City | State | Zip | |
| Work Phone | Fax | | |
| Mobile Phone | Email | | |

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|--|--|
| Academic Preparation/Institution | |
| Please Include Relevant Training and Experience in this Area | |

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DISCLOSURE OF FINANCIAL RELATIONSHIPS

All authors submitting abstracts for publication are required to disclose any relationships with industry that may direct bearing on relevant subject matter.

The primary presenter must disclose any author/presenter who has relevant financial interest or other relationships occurring with the past 12 months with commercial companies or organizations.

Please type "Yes" for any category that applies. You may copy and complete as many forms as needed.

| | | | |
|------------------------------------|--|--|--|
| AUTHOR NAME | | | |
| Company | | | |
| Enter Yes, if applicable: | | | |
| • Board Member/Trustee | | | |
| • Consultant/Advisor | | | |
| • Employee | | | |
| • Investigator | | | |
| • Investment Interest | | | |
| • Meeting Participant/ Lecturer | | | |
| • Owner | | | |
| • Scientific Study/Trial | | | |
| • Other (please specify) | | | |

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FDA DISCLOSURE

If a device or drug requiring FDA approval is identified as an important component of your presentation, please list the device/drug and indicate the FDA status as either:

- **Approved**
- **Investigational Device/Drug**
- **Not Approved for Distribution in the United States**

| DEVICE/DRUG | STATUS |
|--------------------|---------------|
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