

**Call For Celebrate Successful Perianesthesia Practices Abstracts**

ASPAN 43rd National Conference

April 14–18, 2024, Orlando, Florida

**Required Information Form**

**Team Leader(s):**

|  |  |
| --- | --- |
| ***Name & Credentials*** | ***Presenting Abstract at Conference?*** |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |

**Main contact regarding abstract: *This individual will be contacted with any questions regarding the abstract, and also will be the individual who will be notified of acceptance.***

Name and Credentials:

Institution/Hospital Affiliation:

Position:

Preferred Mailing Address (include street, city, state):

Is above address work or home?  Work  Home

Preferred Telephone:

Email (mandatory):

***At least one presenter must be an ASPAN member.***

**Team Members:** *(if you need additional spaces for Team Members, please list on page 2)*

|  |  |
| --- | --- |
| ***Name & Credentials*** | ***Presenting Abstract at Conference?*** |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |

**Abstract Information**

1. Title of Abstract:       

2. Setting for the project (i.e. pre-admission, Phase I, Phase II or III, PACU, endoscopy, etc):

3. Please indicate your preference:  I prefer to submit for **Poster** presentation only.

I prefer to submit for **Both Poster and Oral Powerpoint**.

**Additional Team Members :**

|  |  |
| --- | --- |
| ***Name & Credentials*** | ***Presenting Abstract at Conference?*** |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |
|  | YES  NO |