

New York Chapter ACP Scientific Meeting Poster Competition

Clerkship/Program Director Abstract Submission Authorization Form

Saturday, October 26, 2024
Westchester Marriott Hotel-Tarrytown, NY

I authorize the following abstracts to be submitted for consideration in the 2024 NYACP Scientific Meeting Poster Competition. (A **maximum** of two abstracts per Resident or Medical Student may be submitted)

(Please check one)

Resident: _____

Medical Student: _____

Name: _____ Credentials: _____

Abstract Title: _____

Abstract Title: _____

Clerkship/Program Director: _____

(Please print or type)

Institution: _____

Clerkship/Director Phone: _____

Clerkship/Program Director Email: _____

I have reviewed this abstract and will allow it to be submitted for the competition.

By signing this document, I acknowledge my agreement to pay the \$75 charge per accepted abstract to offset the cost of the poster display board rental.

Clerkship/Program Director Signature: _____

****Please note:** Residents & Medical Students **MUST** be current members of ACP or must provide documentation of their application & dues payment to be eligible for the Abstract Competition.

Please email this form to: Karen Tucker LaBello, CMP
New York Chapter ACP
PO Box 38237
Albany, NY 12203
Phone: 518-427-0366
Email: klabello@nyacp.org