



ABSTRACT

FRANK B. SMITH MEMORIAL AWARD PAPER

NORTH PACIFIC ORTHOPAEDIC SOCIETY

147 SE 102nd Ave., Portland, OR 97216

APPLICATION FOR SCIENTIFIC PROGRAM

84th Annual Meeting – Sunriver Resort, Sunriver, OR

October 1-3, 2009

Stephen L. Brenneke, MD, Program Chairman

Mail to: Walter A. Smith, MD, 9250 SW Hall Blvd., Tigard, OR 97223; Attn: Program Committee, NPOS. Applications may also be submitted by fax to (503) 297-9357, or by e-mail to wsmith.md@comcast.net.

INSTRUCTIONS:

2. The abstract is to be typed in the space provided on the reverse side.
3. The abstract should include information regarding the purpose of the study; methods; results; and conclusion.
4. Deadline for receipt of abstracts is June 1, 2009. A full manuscript will be due by July 15, 2009.
5. Do **NOT** list any author's name or institution in the abstract.
6. We cannot return abstracts.

TITLE: _____

AUTHOR: _____
(complete name, academic degree, street, city, state, zip code for all authors)

_____ PHONE () _____

CO-AUTHORS: _____ PHONE () _____

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This paper will be presented by: _____

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ABSTRACT

Abstract is to be typed in the space below; NO additional pages may be submitted.

TITLE: _____

Hypothesis/Purpose:

Conclusions/Significance:

Summary of Methods/Results:

Has this material been presented previously? No Yes Where? _____

If the abstract is accepted for oral presentation, the following are my audio-visual requirements:

PowerPoint Video presentation Single slides Dual slides

Finalists will be informed by June 15, 2009. A full manuscript will be due by July 15, 2009.

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