

2018 NEACSM ABSTRACT SUBMISSION FORM

NEW ENGLAND AMERICAN COLLEGE OF SPORTS MEDICINE (NEACSM) ANNUAL MEETING

Conference Date: November 8-9th, 2018

Location: Rhode Island Convention Center in Providence, RI

1. First Author/Presenter Contact Information:

Name:

Address:

City: State: Zip:

Phone: Fax:

Email:

2. University/College Affiliation:

3. Status: [] Faculty [] Student [] Professional

4. Faculty Sponsor Information:

Name:

Affiliation:

Email:

5. Requested Presentation Format*? [] Poster [] Oral/Slide [] No Preference

*Note: Students choosing to enter the student competition must select "Oral/Slide".

5. Are you applying for a Student Investigator Award? [] Yes [] No

If you marked "yes" for #5, please complete the following (a-e):

a. Category of student award competition? [] Bachelor's [] Master's [] Doctorate

b. Applying for the President's Cup? (Graduate students only) [] Yes [] No

c. Current NEACSM member (through Nov 2018)? [] Yes [] No⁺

⁺ Note: If you marked "no" to 5c please be sure to renew your NEACSM membership to be eligible for the award

d. Student Description of Research Contribution and Faculty Attestation: Please complete the checklist below and indicate which parts of the research the student was involved in by checking the appropriate boxes below.

- [] 1. Initiated the research questions, objectives and/or aims (REQUIRED to apply for student investigator award)
- [] 2. Designed the research protocols
- [] 3. Collected the majority of the data
- [] 4. Ran the majority of the data analysis
- [] 5. Other: _____

Optional: Expand/describe/clarify the student's specific role below as needed/appropriate (no more than 100 words)

e. By signing below, the student and mentor confirm the student's role in the research abstract as described above.

Student Signature

Mentor Signature

2018 NEACSM ABSTRACT SUBMISSION FORM

TITLE

Authors

Affiliations

PURPOSE:

METHODS:

RESULTS:

CONCLUSION:

Supported by: