

TRIOLOGICAL SOCIETY AUTHOR FORM

Required fields indicated by an asterisk (*)

FIRST AUTHOR'S FULL NAME: First name:* Middle Initial:* Last name:* Degree:*

Institution Name:*

Institution Address:*

City:* State:* Zip:* Country:*

Phone:* Fax:*

Home Address:*

City:* State:* Zip:* Country:*

Phone:*

Email Address:*

COMPLETE THIS SECTION ONLY IF FIRST AUTHOR IS NOT THE PRESENTER:

(If presenter's name is filled out, fields indicated by an asterick (*) are required - the presenter is listed as the second author.)

PRESENTER'S FULL NAME: First name:* Middle Initial:* Last name:* Degree:*

Institution Name:*

Institution Address:*

City:* State:* Zip:* Country:*

Phone:* Fax:*

Home Address:*

City:* State:* Zip:* Country:*

Phone:*

Email

Address:*

LIST CO-AUTHORS IN THE ORDER IN WHICH THEY SHOULD APPEAR IN PRINT. IF A CO-AUTHOR IS THE PRESENTER, DO NOT LIST THEM BELOW.

(If the co-author's name is filled out, fields indicated by an asterisk (*) are required)

FIRST CO-AUTHOR'S

NAME:

First name:*

Middle Initial:*

Last name:*

Degree:*

City:*

State:*

Country:*

Email:*

Phone:*

SECOND CO-AUTHOR'S

NAME:

First name:*

Middle Initial:*

Last name:*

Degree:*

City:*

State:*

Country:*

Email:*

Phone:*

THIRD CO-AUTHOR'S

NAME:

First name:*

Middle Initial:*

Last name:*

Degree:*

City:*

State:*

Country:*

Email:*

Phone:*

FOURTH CO-AUTHOR'S

NAME:

First name:*

Middle Initial:*

Last name:*

Degree:*

City:*

State:*

Country:*

Email:*

Phone:*

FIFTH CO-AUTHOR'S

NAME:

First name:*

Middle Initial:*

Last name:*

Degree:*

City:*

State:*

Country:*

Email:*

Phone:*

Submitter's Full Name:*

Submitter's Email:*

AUTHOR'S ACCEPTANCE OF RESPONSIBILITY: The material in this abstract has not been submitted for publication, published nor presented previously at another national or international meeting and is not

under consideration for presentation at another national or international meeting. I understand that the penalty for duplicate presentation/publication will prohibit me and my co-authors from presenting at a Triological Society meeting or at COSM for three years. I accept sole responsibility for statements in the abstract.

AUTHORIZATION & CONSENT: Authors hereby consent and authorize release and use for teaching and research purposes of any and all photographs, films or the recorded media taken of presentation. Authors understand, should the abstract be accepted for publication, The Laryngoscope has exclusive rights to publication of accompanying paper.

MANUSCRIPT RESPONSIBILITY: Upon acceptance of this submission for oral presentation the author agrees to provide a manuscript to the Laryngoscope editorial office.

First author agrees to comply with all the above statements as indicated by entering name of first author next to the listed date:

Today's Date:

First Author's Name:*

Next Step

Clear form

Triological Society

13930 Gold Circle Suite 103

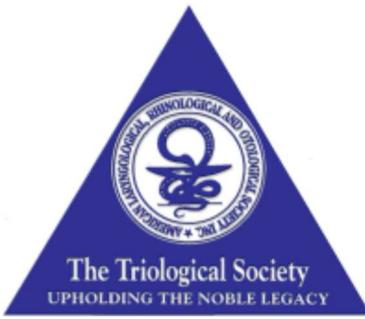
Omaha, NE 68144

402.346.5500

402.346.5300 fax

info@triological.org





Resident Research Award Competition For Section Meetings Only

TRIOLOGICAL SOCIETY ABSTRACT FORM

Required fields indicated by an asterisk (*)

Consider for Meeting:*

- Triological Society 122nd Annual Meeting
May 1-5, 2019--Austin, TX
- Triological Society 2019 Combined Sections Meeting
January 24-26, 2019--Coronado, CA
- Eastern Section
- Middle Section
- Southern Section
- Western Section

Consider as:*

- Poster Oral Presentation Either

SELECT GENERAL SUBJECT: **Choose only one***

- Allergy/Rhinology General Facial Plastic & Reconstructive
- Head & Neck Otology/Neurotology Laryngology/Bronchoesophagology
- Pediatrics

THIS ABSTRACT IS AN OTOLARYNGOLOGY RESIDENT SUBMISSION. THE RESIDENT IS THE FIRST AUTHOR AND PRESENTER.

If above box is checked provide:

Name of Residency Training Program/Institution:

Name of Department Chairman:

Name of Residency Training Program Director:

Expected date of Completion of Primary Resident Training:

THIS ABSTRACT IS AN OTOLARYNGOLOGY FELLOW SUBMISSION. THE FELLOW IS THE FIRST AUTHOR AND PRESENTER.

If above box is checked provide:

Name of Fellowship Training Program/Institution:

Name of Department Chairman:

Name of Fellowship Program Director:

Expected date of Completion of Fellowship Training:

THIS ABSTRACT IS A **MEDICAL STUDENT SUBMISSION**. THE MEDICAL STUDENT IS THE FIRST AUTHOR AND PRESENTER.

If above box is checked provide:

Name of Otolaryngology Program/Institution:

Name of Otolaryngology Department Chairman:

Name of Dean of Medical School:

IF **RESIDENT** IS SUBMITTING FOR SECTION MEETING ONLY, CLICK THE FOLLOWING IF ANSWER IS YES

THIS ABSTRACT IS TO BE CONSIDERED FOR RESIDENT RESEARCH AWARD COMPETITION (I am an otolaryngology resident submitting a manuscript to the Section)

Do not include references to authors, institutions or geographical locations in the title or main body/text of the abstract as all abstracts are reviewed anonymously.

TITLE: *

EDUCATIONAL OBJECTIVE:*

Complete the statement below using such words as demonstrate, explain, discuss, and compare.

At the conclusion of this presentation, the participants should be able to

ABSTRACT: (250 WORD MAXIMUM)

Objectives:*

Study Design:*

Methods:*

Results:*

Conclusions:*

Next Step

Clear form

Triological Society

13930 Gold Circle Suite 103

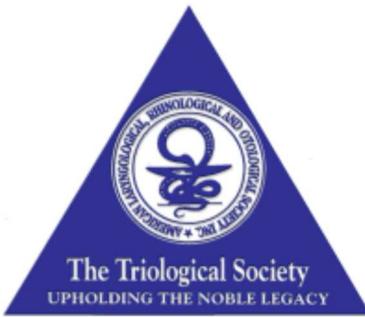
Omaha, NE 68144

402.346.5500

402.346.5300 fax

info@triological.org





**American College of Surgeons
Division of Education
Joint Providership Program**

SPEAKER DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS

Triological Society 2019 Meetings

In accordance with ACCME regulations, the American College of Surgeons, as the accredited provider of this activity, must ensure that anyone who is in a position to control the content of the education activity has disclosed to us all relevant financial relationships with any commercial interest (see below for definitions) as it pertains to the content of the presentation. Should it be determined that a conflict of interest exists as a result of a financial relationship you may have, you will be contacted and methods to resolve the conflict will be discussed with you. In addition, all affirmative disclosures must be revealed by a slide at the beginning of the presentation. **Failure or refusal to disclose or the inability to resolve the identified conflict will result in the withdrawal of the invitation to participate.**

Glossary of Terms

Commercial Interest

A **commercial interest** is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

Financial relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Relevant financial relationships

ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Conflict of Interest

When an individual's interests are aligned with those of a commercial interest the interests of the individual are in 'conflict' with the interests of the public. The ACCME considers financial relationships to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest **and** the opportunity to affect the content of CME about the products or services of that commercial interest. The potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME – an incentive to insert commercial bias.

- List the names of proprietary entities producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a **relevant** financial relationship within the past 12 months. For this purpose we consider the

relevant financial relationships of your spouse or partner that you are aware of to be yours.

- Explain what you or your spouse/partner received (ex: salary, honorarium etc) and specify your role.
- **What was received:** Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest, (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.
- **My Role(s):** Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities.

First Author:

Does this author have any relevant financial relationships with any commercial interests as it pertains to this presentation?

Yes No

	Commercial Interest <i>Example: Company 'X'</i>	Nature of Relevant Financial Relationship (Include all those that apply) What I or spouse/partner received <i>Honorarium</i>	My Role <i>Speaker</i>
1.			
2.			
3.			
4.			

Presenting Author:

Does this author have any relevant financial relationships with any commercial interests as it pertains to this presentation?

Yes No

	Commercial Interest <i>Example: Company 'X'</i>	Nature of Relevant Financial Relationship (Include all those that apply) What I or spouse/partner received <i>Honorarium</i>	My Role <i>Speaker</i>
1.			
2.			
3.			
4.			

First Co-Author:

Does this author have any relevant financial relationships with any commercial interests as it pertains to this presentation?

Yes No

	Commercial Interest <i>Example: Company 'X'</i>	Nature of Relevant Financial Relationship (Include all those that apply) What I or spouse/partner received <i>Honorarium</i>	My Role <i>Speaker</i>
1.			
2.			
3.			
4.			

Second Co-Author:

Does this author have any relevant financial relationships with any commercial interests as it pertains to this presentation?

Yes No

	Commercial Interest <i>Example: Company 'X'</i>	Nature of Relevant Financial Relationship (Include all those that apply) What I or spouse/partner received <i>Honorarium</i>	My Role <i>Speaker</i>
1.			
2.			
3.			
4.			

Third Co-Author:

Does this author have any relevant financial relationships with any commercial interests as it pertains to this presentation?

Yes No

	Commercial Interest <i>Example: Company 'X'</i>	Nature of Relevant Financial Relationship (Include all those that apply) What I or spouse/partner received <i>Honorarium</i>	My Role <i>Speaker</i>
1.			
2.			
3.			
4.			

Fourth Co-Author:

Does this author have any relevant financial relationships with any commercial interests as it pertains to this presentation?

Yes No

	Commercial Interest <i>Example: Company 'X'</i>	Nature of Relevant Financial Relationship (Include all those that apply) What I or spouse/partner received <i>Honorarium</i>	My Role <i>Speaker</i>
1.			
2.			
3.			
4.			

Fifth Co-Author:

Does this author have any relevant financial relationships with any commercial interests as it pertains to this presentation?

Yes No

	Commercial Interest <i>Example: Company 'X'</i>	Nature of Relevant Financial Relationship (Include all those that apply) What I or spouse/partner received <i>Honorarium</i>	My Role <i>Speaker</i>
1.			
2.			
3.			
4.			

If your presentation describes the use of a device, product, or drug that is not FDA approved or the off-label use of an approved device, product, or drug or unapproved usage, it is your responsibility to disclose this information verbally to the learner during your presentation.

I Agree

I will not accept honorarium, travel expenses, in-kind contributions, or any other support from commercial companies in connection with this activity.

I Agree

By checking this box, I certify that I have identified and disclosed all relevant financial relationships with any commercial interests and that all information provided herein is true and correct.

I Agree

As the first author or presenter, I accept responsibility for the accuracy of all statements for all authors whose names appear on the manuscript. I have read the Conflict of Interest/Disclosure Declaration statement and agree to abide by this policy. Entering your name next to the date indicates compliance. This is required.

Date: Name:

IF YOU ARE CERTAIN THAT ALL FORMS ARE COMPLETE AND ACCURATE, PLEASE SUBMIT. A COPY OF ALL INFORMATION YOU SUBMITTED WILL BE EMAILED TO THE SUBMITTER'S EMAIL, THE FIRST AUTHOR'S EMAIL, AND THE PRESENTER'S EMAIL AS YOUR RECEIPT IF THERE IS NO SPAM BLOCKING SOFTWARE PRESENT ON THE CLIENT OR SERVER.

Submit

Clear form

Triological Society
13930 Gold Circle Suite 103
Omaha, NE 68144
402.346.5500
402.346.5300 fax
info@triological.org

