



TEXAS ORTHOPAEDIC ASSOCIATION
2010 ANNUAL MEETING PRESENTATION APPLICATION FORM

Title: _____

Presenting Author:

Name: _____

Address: _____

Phone number: _____ Fax number: _____

E-mail: _____

Degree: _____

Institution: _____

Please indicate:

_____ TMA Member

_____ Full-time Med School Staff

_____ TOA Member

_____ Resident

_____ Private Practice

_____ Fellow

Co-authors (Name, Address, & Phone number):

Name: _____

Address: _____

Phone number: _____

If not accepted for podium presentation, is poster presentation acceptable? Yes No

List any grants that funded the investigation.

List any commercial funding of the investigation.

List any devices not currently approved for use by the FDA.

Please complete the following sentence regarding the continuing medical objective of the presentation.

“After attending this session, the attendee should be able to ...”

Structured abstract (Purpose, Methods, Results, and Conclusions) in less than 400 words:

If selected,

- I agree to have my presentation videotaped and developed into an online CME activity.**
- I agree to assist TOA in developing post-test questions for such an online activity.**