ICEP ABSTRACT FORM – 2003 ANNUAL MEETING

Send copies to: ICEP, 1S280 Summit Ave., Court B-2, Oakbrook Terrace, IL 60181; email to info@icep.org. Abstracts must be limited to 250 words. All information must be typed and accompanied by an electronic copy. This form may be copied for additional submissions. This form must be returned by May 2, 2003.

Title:_____

Author(s): (List first name, middle initial, and last names of all authors and titles such as MD, DO, RN, PhD. Place an asterisk next to the name of the principal investigator.)

_____

_____

Author presenting study: _____

Position/title: _____

Institutions: (If none, list city and state)

_____

Mailing address: (List address of presenter. Correspondence will be sent to presenter unless instructed otherwise.)

_____

_____

Phone number: _____**Fax number:**_____**Email**_____

_____

Check one box only:

_ I will accept either ORAL or POSTER presentation, but prefer: __ ORAL

__ POSTER

_ I will accept ONLY ORAL presentation.

__ I will accept ONLY POSTER presentation.

I **certify that this research has been approved by my institutional review board in all instances where this would be considered appropriate.**

_____

Signature of Principal Author **Date**

I agree to present this research if accepted.

_____

Signature of Presenter **Date**