Abstract Application
30th Annual Interdisciplinary Breast Center Conference

to Accompany Abstract Submission

Abstract Title: __________________________________________________________

Requested Category (please highlight or circle) (the NCBC reserves the right to re-assign the Category if necessary):

Category I: Breast Center Operations, Administration and Programs
Category II: Patient Care and Support
Category III: Breast Disease Diagnosis and Management

Subcategory: _______________________________________________ (must be completed)
(i.e. A. Nursing, 2. Innovative Nursing Roles)

Submission Deadline: January 10th, 2020 at midnight PST (late submissions will not be accepted)

Definitions:

Abstract Submitter: The person submitting the abstract to the NCBC office.

Abstract Primary Contact: The person whom the NCBC should contact concerning questions and scoring information about this abstract (if other than the Abstract Submitter).

Conference Representative: An author who will be attending the Conference and can present the poster based on the abstract at the Poster Session (if other than the Abstract Submitter)

The Abstract Submitter agrees that:

1. The authors own or otherwise have rights to the written summaries of research and/or observations ("Abstract") provided by you to the National Consortium of Breast Centers, Inc. (hereafter "NCBC").

2. The Primary Contact has the permission and authority to submit and make decisions on behalf of all authors and is identified on the abstract.

3. NCBC will not edit or modify the content of the Abstract without approval from the Primary Contact, but may modify the format to fit the look and feel of the media on which it is displayed or distributed.

4. If accepted for presentation, the author(s) will create a poster based on the abstract to be displayed during the 30th Annual Interdisciplinary Breast Center Conference at the New Caesar’s Forum Las Vegas, Las Vegas, Nevada, from April 3-8, 2020, and at least one of the authors (the ‘Conference Representative”) will attend the Poster Reception in the late afternoon/early evening on Sunday April 5th, 2020 as the displaying author for this poster.

5. While not eligible for the category and trainee awards, abstracts reporting research conducted by commercial concerns may be submitted and, if accepted, will be presented in a designated section at the Poster Session. The abstract must describe original research that has not been previously published and must meet the deadlines listed above, and both the abstract and the poster must clearly indicate the source of the research being presented.

6. If the abstract is accepted and displayed at the Conference, the abstract and poster will be placed on the NCBC conference app.

7. To be eligible for poster display or to receive an award, at least one author must be a registered attendee for the conference by February 7th, 2020.

8. This application will be sent in the same email as the abstract submission. The abstract must be submitted in a word document. Email to NCBCabstracts@breastcare.org.

Abstract Submitter: If submitter is a trainee, please also complete the Fellow/Resident/Student Application below:

Printed Name_______________________________________ Date________________________
Signature________________________________________________________________________ Phone (work) ______________________
Email___________________________________________________________________________ Phone (work/cell) ___________________
Institution/Facility________________________________________________________________ City, State, Zip_____________________________
Please Identify Abstract Primary Contact (if other than submitter):

Printed Name________________________________________        Date_____________________________
Signature___________________________________________         Phone (work) ______________________
Email______________________________________________         Phone (work/cell) ___________________

Conference Representative (if other than submitter):

Printed Name________________________________________

Is this abstract being submitted by a commercial concern?          Yes          No
If Yes, name of company ____________________________________________

Abstract and Poster Requirements can be viewed at www.breastcare.org.

Fellow/Resident/Student Award Application

The trainee whose abstract submission receives the highest score will be the recipient of the Fellow/Resident/Student Award.

Applicant Requirements:
1. Shall be a graduate student, medical student, resident, or clinical or postdoctoral fellow in an official training program at an academic institution and not a previous recipient of this award.
2. Shall follow all Abstract and Poster Requirements.
3. If chosen as the winner of the Fellow/Resident/Student Award, will make a brief (3-5 minutes) presentation of the findings summarized in the abstract at the Poster Reception on Sunday April 5th, 2020, during the 30th Annual Interdisciplinary Breast Center Conference at the New Cesar’s Forum Las Vegas from April 3-8, 2020.
4. In addition to the Fellow/Resident/Student Award winner, up to three additional abstracts submitted by trainees may be selected for presentation at the Oral Abstracts Plenary Session.
5. Will create a poster based on the Abstract to be displayed during the Conference from April 3-8, 2020 and will attend the Poster Reception on Sunday April 5th, 2020 as the displaying author for this poster.

Submissions:
1. Submit an “in-training” status letter from his/her program director with this form. This document, the “in-training” letter and abstract must be sent in the same email. *The abstract must be submitted in a word document. Email to NCBCabstracts@breastcare.org.*

The Award Recipient:
1. Will receive Complimentary Plenary Conference Registration; and
2. Will be presented a $200.00 check at the conference to help offset traveling expenses.

Resident/Student Award Applicant:

Printed Name________________________________________        Date_____________________________
Signature___________________________________________         Phone (work) ______________________
Email______________________________________________         Phone (work/cell) ___________________