



# Abstract Application

## 26th Annual Interdisciplinary Breast Center Conference

to Accompany Abstract Submission

Abstract Title:

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Requested Category: \_\_\_\_\_ (NCBC retains the right to reassign Category if deemed necessary)

Category I: Breast Center Operations, Administration and Programs

Category II: Patient Care and Support

Category III: Breast Cancer Diagnosis and Management

### Definitions:

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

**Primary Contact:** The person with whom NCBC corresponds concerning questions and scoring information about this abstract.

**Conference Representative:** This person is registered to attend the conference and will be responsible for the poster display on-site.

**Primary Author:** This person is designated as the primary author on the submitted abstract.

### 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 26th Annual Interdisciplinary Breast Center Conference at the Paris Las Vegas, Las Vegas, Nevada from April 9-13, 2016, and the Conference Representative will attend the Poster Reception in the evening on Sunday April 10, 2016 as the displaying author for this poster.
5. If the abstract is accepted and displayed at the Conference, the abstract and poster will be placed on the NCBC conference website.
6. This application will be sent on the same business day as the abstract submission. This application may be faxed (574-267-8268) separately from the abstract. *The abstract must be submitted in a **word document** via email to [NCBCabstracts@breastcare.org](mailto:NCBCabstracts@breastcare.org).*

### Abstract Submitter:

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Phone (work) \_\_\_\_\_

Email \_\_\_\_\_

Phone (work/cell) \_\_\_\_\_

**Please Identify:**

**Abstract Primary Contact:**

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone (work) \_\_\_\_\_

Medical Facility \_\_\_\_\_ Phone work/cell) \_\_\_\_\_

Facility/Company Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Conference Representative** - registered attendee at the Conference: April 9-13, 2016.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone (work) \_\_\_\_\_

Medical Facility \_\_\_\_\_ Phone (work/cell) \_\_\_\_\_

Facility Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Abstract and Poster Requirements can be viewed at [www.breastcare.org](http://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 (5-7 minutes) presentation of the findings summarized in the abstract at the Oral Abstracts session in the afternoon of Sunday April 10, 2016 during the 26th Annual Interdisciplinary Breast Center Conference at the Paris Las Vegas, Las Vegas, Nevada from April 9-13, 2016.
4. Will create a poster based on the Abstract to be displayed during the Conference from April 9-13, 2016, and will attend the Poster Reception in the evening on Sunday April 10, 2016 as the displaying author for this poster.

**Submissions:**

1. Submit an "in-training" status letter from his/her program director with this form. Both documents must be sent on the same business day as the abstract submission. They may be faxed to 574-267-8268. *The abstract must be submitted in a word document via email to [NCBCabstracts@breastcare.org](mailto:NCBCabstracts@breastcare.org).*
2. Submit an abstract by midnight PST on February 5, 2016.

**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) \_\_\_\_\_