



## **CALL FOR ABSTRACTS/ ABSTRACT SUBMISSION FORM**

**WNRS 49<sup>th</sup> Annual Meeting- October 25-28, 2017**

Grand Hyatt Kauai Resort & Spa- Koloa, Hawaii

Abstracts May Be Submitted via email to **WNRSabstracts@iicme.net** as of **June 15, 2017**  
Abstract Submission Deadline is **September 1, 2017**

### **Submission Categories:**

**Scientific Paper:** (6-minute presentation; 2-minute Q&A)

Abstracts **must** include the following sections:

- **Purpose:** Why is this important/relevant
- **Methods:** Outline scientific and/or clinical investigation
- **Results:** Concise summary of research results
- **Conclusion:** Derived from the results

**Case Report:** (3-minute presentation; 1-minute Q&A)

Abstracts **must** include the following sections:

- **Purpose:** Why is this important/relevant
- **Case Report:** Description of the case
- **Image Findings:** Describe pertinent radiologic findings
- **Summary:** What is new, different, or lesson learned

**Note:** All accepted abstracts will be oral presentations at the WNRS Annual Meeting using digital format (Powerpoint) only.

### **PREPARING YOUR ABSTRACT:**

- The abstract must be a **Microsoft Word Document** or **txt file, single-spaced**, using the following margins:  
Top Margin: 1", Right Margin: 1", Bottom Margin: 1", Left Margin: 1"
- Use Arial Font- 12-point type
- First Line --Title of presentation (**Do not use abbreviations in title**)
- Skip a line
- Second line -- List authors by last name, first initial, and middle initial
- Third line -- List institution where work was conducted
- Fourth line -- List city, and state abbreviation for institution where work was conducted
- **Format Example:** Carotid Space Nerve Sheath Lesions

Zollinger LV, Herrod HC, Wiggins RH  
University of Utah Health Sciences Center  
Salt Lake City, UT

**Note:** Skip a line between each of the abstract subsections. Do not indent.

**Word Limit: Scientific Paper (500 words), Case Report (350 words)**

- **DO NOT** list degrees, street addresses, zip codes, or grant support within abstract space.
- Abstracts must be submitted with this completed form as an email attachment, as a Microsoft Word document (.doc or .docx) or as a txt file, and emailed to: **WNRSabstracts@iicme.net**.
- Submit only one abstract per email.
- Label the text file with presenter's last name and abstract title.
- Complete this form and submit it with the abstract as attachments in your email, with the speakers name added to the file name.

**IMPORTANT: Patient Identification Information Must Not Appear On Any Images**

### **ABSTRACT FORM:**

- Complete one *Abstract Submission Form* for each abstract submitted.
- The subject line of your email should read "WNRS 2017", and include the speaker's last name, and abstract title.

# ABSTRACT SUBMISSION FORM

## PRESENTATION CATEGORY: (CHECK ONE)

Scientific Paper

Case Report

Abstract Title: \_\_\_\_\_

Institution where work was conducted: \_\_\_\_\_

## AUTHOR AND ABSTRACT INFORMATION

First Name (Principal Author)      Middle Initial      Last Name      Degree(s)

Affiliation and Department

Mailing Address      City      State      Zip/Postal Code

(   )      (   )

Telephone      Fax      E-mail

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First Initial      Middle Initial      Last Name      Degree(s)

First Initial      Middle Initial      Last Name      Degree(s)

First Initial      Middle Initial      Last Name      Degree(s)

First Initial      Middle Initial      Last Name      Degree(s)

### Is Presenting Author...

A WNRS Member?       Yes       No

Currently in/completing a Neuroradiology/Interventional Neuroradiology Fellowship Program?       Yes       No

A Resident?  Yes  No      Fellow?  Yes  No      Medical Student?  Yes  No

Has this abstract been previously presented?  Yes  No      If "Yes", where and when? \_\_\_\_\_

**To submit an abstract(s):** send this completed form, and the text file of each abstract no later than **Midnight (Pacific Time) September 1, 2017** to: [WNRSubabstracts@iicme.net](mailto:WNRSubabstracts@iicme.net).

**Have questions/issues regarding the abstract submission email site?** - contact iiCME at 205-467-0290 or [info@iicme.net](mailto:info@iicme.net).  
**Have other questions/issues and/or if you need additional information?** - contact Edward P. Quigley, M.D., Ph.D., President-Elect/Program Chair at 801-581-4624.

To be eligible for the 2017 Gabriel H. Wilson Award (**Scientific Papers only**), the principal author must be the presenting author.

**Fellows, Residents, and Students** who are presenting authors of an accepted Scientific Paper will receive complimentary meeting registration. This **does not** apply to Case Report presentations.