Association of Clinicians for the Underserved

2020 Annual Conference

Call for Abstracts Application Outline

Instructions: This document can be used to draft your responses for ACU’s 2020 Annual Conference Call for Abstracts. Please copy and paste your responses into the [online application](https://www.surveymonkey.com/r/Y2BZTBN). More information about the Call for Abstracts can be found [here](http://clinicians.org/2020-call-for-abstracts/). The deadline to submit a workshop or poster abstract is Friday, March 6, 2020.

Q1 Contact Information

* Name
* Phone Number
* Email

Q2 Background Information

* Job Title
* Organization
* Credentials

Q3 Are you submitting this for yourself or someone else?

* Self
* Someone Else

**If you are submitting this on behalf of someone else**

Q4 Presenter Contact Information

* Name
* Phone Number
* Email

Q5 Presenter Background Information

* Job Title
* Organization
* Credentials Q6 Will you have a co-presenter?

Q6 Will you have a co-presenter?

* Yes
* No

Q7 Is your presentation a Workshop Session or a Research Poster?

* 60-Minute Workshop Session
* 75-Minute Workshop Session
* Flexible Workshop Session (you can tailor content to 60- or 75-minutes)
* Research Poster
* Both (your workshop session and poster are on the same topic)

Q8 Presentation Title (100 characters with spaces)

Q9 Presentation Description (1250 characters with spaces)

Q10 3 Learning Objectives (300 characters with spaces)

Q11 What is the focus of this presentation? (select up to 2 answers)

* Policy
* Practice
* Workforce

Q12 Briefly describe how your workshop or poster aligns with the conference theme, Connecting Advocacy, Leadership, and Service.

**If you have a Co-Presenter**

Q13 Co-Presenter Contact Information

* Name
* Phone Number
* Email

Q14 Background Information

* Name
* Phone Number
* Email

**ACU CME Conflict of Interest Waiver**

Q15 Are you aware of any commercial interests (defined in “Glossary of Terms”) with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months? For this purpose, we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours. (If you are completing this form on behalf of someone else, please select "N/A" and ACU will reach out to that person to complete the waiver separately. If you will have co-presenters, please complete this form for yourself only and ACU will reach out to your co-presenter(s) to complete the waiver separately.)

* Yes, I do have relevant financial relationships with commercial interests to disclose.
* No, I do not have any relevant financial relationships with any commercial interests.
* N/A - I am completing this form on behalf of someone else.

**ACU CME Conflict of Interest Waiver - First Commercial Interest Disclosure**

Q16 Please disclose any commercial interests with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months.

Q17 Please disclose the nature of the relevant financial relationship.

* What I received
* My role

Q18 Do you have additional commercial interests to disclose?

* Yes
* No

**ACU CME Conflict of Interest Waiver - Second Commercial Interest Disclosure**

Q19 Please disclose any commercial interests with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months.

Q20 Please disclose the nature of the relevant financial relationship.

* What I received
* My role

Q21 Do you have additional commercial interests to disclose?

* Yes
* No

**ACU CME Conflict of Interest Waiver - Third Commercial Interest Disclosure**

Q22 Please disclose any commercial interests with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months.

Q23 Please disclose the nature of the relevant financial relationship.

* What I received
* My role

Q24 Do you have additional commercial interests to disclose?

* Yes
* No

**ACU CME Conflict of Interest Waiver - Additional Commercial Interest Disclosure**

Q25 Please provide the information detailed above for each additional commercial interest.

**ACU CME Conflict of Interest Waiver - Confirmation and E-Signature**

Q26 By including your name and contact information below, you are agreeing that all information included in the questions above is correct and that, to the best of your knowledge, you have not withheld any additional financial relationships with commercial interests.

* Full Name
* Organization
* Email Address

Q27 Is there anything else you would like to share with the review panel or conference organizers?