



2010 Annual Hospice Palliative Care Conference  
 April 18 - 20, 2010

## Abstract Submission Form

<p><b>Type of Abstract:</b></p> <p><input type="checkbox"/> Scientific Oral Paper</p> <p><input type="checkbox"/> Scientific Poster</p> <p><input type="checkbox"/> Descriptive Oral Paper</p> <p><input type="checkbox"/> Descriptive Poster</p>	<p>If my preferred format is not available, I agree to present in an alternative format.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Indicate Abstract Major Content Area:</b></p> <p><input type="checkbox"/> Health Services/Program Development</p> <p><input type="checkbox"/> Clinical Practice</p> <p><input type="checkbox"/> Research/Education</p> <p><input type="checkbox"/> Other:</p>
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**TITLE OF ABSTRACT:**

Name of Presenting Author (Key Contact): \_\_\_\_\_

Credentials: \_\_\_\_\_ Position: \_\_\_\_\_

Organization: \_\_\_\_\_ Department: \_\_\_\_\_

**MAILING ADDRESS:**

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Please list the co-authors' names, credentials, organization affiliations, address, phone numbers, and email address. Co-author names will be included in our promotional and program information.

## **PRESENTATION DESCRIPTION:**

Please include a 250 word or less description:

## **SUBMISSION PROCESS:**

Workshop applications **MUST** be submitted electronically to [info@hpcconference.on.ca](mailto:info@hpcconference.on.ca) by Sunday January 31, 2010.

Upon submission of this abstract, I understand that:

- (a) I will be informed regarding the status of my application by February 19, 2010; and
- (b) I will confirm the details of my presentation and my intention to present and will register and pay the required fee by February 28, 2010 in order to ensure my place in the program.

**I have read and agree to the above:**  **Yes**  **No**