SOUTHERN PEDIATRICS NEUROLOGY SOCIETY ABSTRACT SUBMISSION FORM

Submit completed form to southernpedneuro@gmail.com

Title of Paper:		
Presenting Author:		
Address:		
City, State, Zip		
Co-authors please lis	it all:	
Last Name		_ First Name
Credentials	Affiliation	
Last Name		_ First Name
Credentials	Affiliation	
Last Name		_ First Name
Credentials	Affiliation	
Last Name		_ First Name
Credentials	Affiliation	
Do you wish this abstract to be considered for the Roger and Mary Brumback Sage Publishing		
Award of Excellence (Residents) or the M. Caroline Duncan Award (Medical Students and		
Residents)? Y	esNo	

Instructions: Abstracts are limited to 300 words. Please format the abstract to include the following four sections: Background, Methods, Results, Discussion.

Abstracts are not considered complete until conflict of interest form are submitted for all authors.

SOUTHERN PEDIATRICS NEUROLOGY SOCIETY ABSTRACT SUBMISSION FORM

(300 word limit)

ABSTRACT AUTHOR'S ACKNOWLEDGMENT, CONCURRENCE & DISCLOSURE STATEMENT

The authors have read and agreed with the content of this abstract submitted to the Southern Pediatric Neurology Society. Acknowledged below is all support for studies relating to the abstract. If, within the past five years, and author or immediate family member has had a substantial personal financial relationship relating to the support of the abstract, this relationship must be described briefly on a separate sheet. Such relationships include salaries, ownerships, equity positions, stock options, royalties, consulting fees and honoraria for speaking, material support and other financial arrangements. All sources of funding support, including public, for the work described will be published with accepted abstracts in The Journal of Child Neurology.

First Author's Signature:

Study Supported by: