

Miami Neuro Symposium, Seventh Annual**Miami Neuro Nursing Symposium, Sixth Annual****The Ritz-Carlton Coconut Grove, Florida ■ Thursday-Saturday, November 1-3, 2018****POSTER ABSTRACT SUBMISSION GUIDELINES****Due by Friday, September 14, 2018.**

The **Miami Neuro Symposium/Miami Neuro Nursing Symposium** directors invite interested individuals to submit abstracts for consideration as poster presentations at these symposiums.

Themes: Stroke management, neurocritical care, movement disorders and epilepsy.

Please follow the Submission Guidelines closely:

- Abstracts must be written in English.
- The abstract text should not exceed 300 words.
- Use a standard font like Arial to format your text.
- It is the author's responsibility to submit a correct abstract. Any errors in spelling, grammar or scientific fact will be reproduced as typed by the author.
- Abstract notification of acceptance/non-acceptance will be emailed to the submitting author by **Friday, September 29**, to the email address provided on the [Abstract Submission Form](#).
- Accepted abstracts will be added to the master program schedule.
- Requests for abstract withdrawal must be received by **Friday, October 5**.
- Submit a Faculty Attestation Form **and** Faculty Disclosure Form for the presenting author.
- [Symposium registration](#) is required.

Allotted Space

Abstract body: 8.5" x 11" page size. The margins are 1" on top, bottom and sides. The title should be centered and in all capital letters. Do not use right justification or full justification, do not begin a sentence with a numeral and do not exceed the 300-word limit.

An abstract may be submitted in Word or PDF format. It must include: Learning Objectives, Background, Method, Findings and Conclusions. Abstracts should disclose primary findings and avoid, whenever possible, promissory statements such as "experiments are in progress" or "results will be discussed."

Abstract Title: An abstract must have a title that is short and specific. The body of the abstract should follow logically from the title. Do not use abbreviations in the title.

EXAMPLE**TITLE CENTERED AND ALL CAPS (20 pt.)**

Authors: Name(s) (14 pt. bold)

Institutions: Name of university(ies) or institution(s) (12 pt. regular)

Learning Objectives: At the completion of this presentation, participants should be better able to . . .

Background/Significance: Indicate the purpose and objective of the study, the hypothesis that was tested or a description of the problem.

Methodology/Data Analysis: Include the setting for the study, the methods used and the subjects, the diagnosis or intervention and the type of statistical analysis. If references are needed, they should be provided in the text.

Findings/Implications: Present as clearly and detailed as possible the outcome of the study, with specific results in summarized form.

Conclusions: Briefly discuss the data and main outcome of the study. Emphasize the significance and future implications of the results.

Approval: Please indicate whether the submission has been approved by all authors.

Affiliations: Please list the universities or other institutions with which the authors are affiliated.

Authors: Include the names of all authors in the order in which they should appear in the printed material. (Names should be listed as such: John D. Smith, M.D., or JD Smith, M.D.). Names that are omitted will not be included in the symposium website.

Author Information: Please supply the email address and phone number for all authors.

Do not include: References, credits or grant support, names or personal information of any patient or research subject who participated in the study or trial.

Disclosures: All presenters are required to complete a [Faculty Attestation Form](#) and a [Faculty Disclosure Form](#). [Presenters who disclose commercial relationships will receive a COI Resolution form to sign.](#)

The Baptist Health Continuing Medical Education Program, an ACCME-accredited CME provider, operates within the framework of the Standards of Commercial Support to ensure balance, independence, objectivity and scientific rigor in all of its CME activities. Anyone engaged in content development, planning or presentation is obliged to complete this form. Persons who refuse to complete this form may not participate in the CME activity. Disclosure relates not only to the authors and presenters but also to any individual who has the potential to impact the content or delivery of the educational activity. All authors/presenters must disclose any significant relationship with a commercial entity.

Disclosures and Conflict-of-Interest Resolutions: Baptist Health requires disclosure and resolution of all conflicts of interest to ensure balance, independence, objectivity and scientific rigor in all CME programming. Conflicts of interest of all individuals who control CME content will be identified and resolved prior to this educational activity. Full disclosure will be made in the symposium handout. Presenters will also disclose discussion of off-label uses.

Fees: No registration fee will be charged to the author presenting if the abstract is selected. A Presenting Author whose abstract is selected will receive **one complimentary registration** for the Miami Neuro Symposium/Neuro Nursing Symposium.

Learning Objectives: Please include one or two learning objectives. Learning objectives should be active statements: At the completion of this presentation, participants should be better able to: assess, apply, compare, evaluate, explain, etc. Objectives should relate directly to the identified need being addressed. Sources for needs identification can be: expert opinion, focus groups, literature review, evaluation data, etc.

Poster Presentations and Dimensions: Selected abstracts will be mounted on a 4X6 poster board and displayed during the symposium. Please bring your abstract with you or ship it ahead to the Ritz-Carlton Coconut Grove, 3300 SW 27th Avenue, Coconut Grove, Florida 33133. Include your name and the name of the symposium.

Presenter: The abstract submitter and the presenter must be authors of the abstract.

Proofread: Proofread your abstracts carefully to avoid errors before submission. Revisions to abstracts will not be permitted after **Friday, October 5.**

Themes: Stroke management, neurocritical care, movement disorders and epilepsy.

Submission Form: To submit your abstract for consideration, go to the Submission Form and follow the instructions.

Trade Names: Any use of trade names in this program is for reference purposes only. No promotion of particular products or devices should be implied. Generic drug names are preferred.

Comments: Use this area on the Submission Form for any additional comments you would like to share with the Planning Committee.

If you have any questions regarding your abstract submission, please contact Julie Zimmert in the Baptist Health CME Department at JulieZ@BaptistHealth.net or **786-596-8612.**