Abstract Application 34th Annual NCoBC

Email_

34th Annual Interdisciplinary Breast Center Conference
March 21-23 • Caesars Palace, Las Vegas

Phone (work/cell) _____

to Accompany Abstract Submission

Abstract Title:	
Requested Category (please highlight or cir	rcle) (the NCBC reserves the right to re-assign the Category if necessary):
Category I: Breast Center	Operations, Administration and Programs
Category II: Patient Care	and Support
Category III: Breast Disea	se Diagnosis and Management
Subcategory:	(must be completed)
(i.e. A. Nursing, 2. Innov	
Submission Deadline: January 31, 2025 (lat	e submissions will <u>not</u> be accepted)
<u>Definitions:</u>	
information about this abstract (if other Conference Representative: An author we based on the abstract at the Poster Set The Abstract Submitter agrees that: 1. The authors own or otherwise have right	hom the NCBC should contact concerning questions and scoring
The Primary Contact has the permission and is identified on the abstract.	on and authority to submit and make decisions on behalf of all authors
	t of the Abstract without approval from the Primary Contact but may of the media on which it is displayed or distributed.
34 th Annual Interdisciplinary Breast Cer March 21– 23, 2025, and at least one of	s) will create a poster based on the abstract to be displayed during the ter Conference at Caesar's Las Vegas, Las Vegas, Nevada, from f the authors (the 'Conference Representative") will attend the Poster ening on Friday March 21, 2025, as the displaying author for this poster.
concerns may be submitted and, if accerning the abstract must describe original research.	rainee awards, abstracts reporting research conducted by commercial epted, will be presented in a designated section at the Poster Session. earch that has not been previously published and must meet the stract and the poster must clearly indicate the source of the research
If the abstract is accepted and displaye NCBC conference app.	d at the Conference, the abstract and poster will be placed on the
 To be eligible for poster display or to re the conference by February 28th, 2025 	ceive an award, at least one author must be a registered attendee for
 This application will be sent in the same word document. Email to <u>NCBCabstra</u> 	e email as the abstract submission. The abstract must be submitted in a acts @breastcare.org
· · · · · · · · · · · · · · · · · · ·	r reviewed submissions to be published in the European Journal of learn more about the journal https://www.eurjbreasthealth.com/
Abstract Submitter: If submitter is a trainee, p	blease also complete the Fellow/Resident/Student Application below):
Printed Name	Date
Signature	

City, State, Zip	
Please Identify Abstract Primary Contact (if c	other than submitter):
Printed Name	Date
Signature	
Email	Phone (work/cell)
Conference Representative (if other than	submitter):
Printed Name	
Is this abstract being submitted by a comme If Yes, name of company	rcial concern? Yes No
Abstract and Poster Requ	irements can be viewed at www.breastcare.org.
Initial here if you are open to the CHANC	E to be published in the European Journal of Breast Health
The trainee whose abstract submis	ent/Student Award Application ssion receives the highest score will be the recipient of the ellow/Resident/Student Award.
Applicant Requirements:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
 Shall be a graduate student, medical stuprogram at an academic institution and a shall follow all Abstract and Poster Requal If chosen as the winner of the Fellow/Resthe findings summarized in the abstract Annual Interdisciplinary Breast Center C4. In addition to the Fellow/Resident/Studemay be selected for presentation at the S5. Will create a poster based on the Abstra 	uirements. sident/Student Award, will make a brief (3-5 minutes) presentation of at the Poster Reception on Friday March 21, 2025 during the 34 th conference at Caesar's Las Vegas from March 21– 23, 2025. Int Award winner, up to three additional abstracts submitted by trainees
Submissions:	
The Award Recipient: 1. Will receive Complimentary General Co. 2. Will be presented a \$200.00 check at the	nference Registration; and e conference to help offset traveling expenses.
Resident/Student Award Applicant:	
Printed Name	Date
Signatura	Phone (work)

Email_____

Phone (work/cell)_____