

CALL FOR POSTERS:

IDEAS™ (*Innovation, Design, and Emerging Alliances in Surgery*)

Surgical Robotics: From Principles to Practice

Saturday, April 5, 2014

EVENT:

- **Location/Time:** Saturday, April 5, 2014
 - Symposium 7:30 AM – 4:30 PM
 - Poster Session/Cocktail Reception 4:30 – 6:00 PM

Longwood Hall
The Inn at Longwood Medical
342 Longwood Ave.
Boston, MA 02115

ELIGIBILITY TO SUBMIT AN ABSTRACT(S) FOR POSTER PRESENTATION:

- The call for posters is open to all registered attendees of the IDEAS Symposium.
- Work in progress, recently presented work or recently published work (last 12 months), are admissible. Presenting at this meeting is not a deterrent to presentation at future national/regional meetings.

REVIEW/SELECTION PROCESS:

- Applicants selected for poster presentation will be notified by March 14, 2014.

AWARDS:

- Abstracts will be placed in one of three categories: **(i) Robotic-Surgeon Interface; (ii) Human-Machine Replacement and Assistive Bioprosthesis; or (iii) Robotics in Surgical Practice.** First place and second place prizes will be awarded in each category.
- Poster Presentation First Place Prize: \$300
- Poster Presentation Second Place Prize: \$150

ABSTRACT SPECIFICS:

- Single-spaced, **no longer than one 8 ½ x 11 page** with 1 inch margins, 11 point font, including tables and figures, title and author list on the top of the page.
- **Include the Abstract Coversheet (attached) with your submission.**

ABSTRACT DEADLINE: March 7, 2014. Space is limited, so please submit your abstract in a timely manner.

SUBMISSION: Must be submitted by e-mail to IDEASsymposium@gmail.com.

REGISTRATION: Advanced registration is mandatory, but free for anyone who presents a poster. Register online www.ideasprojectharvard.org

REGISTRATION DEADLINE: March 14, 2014

We look forward to your participation.

ABSTRACT COVERSHEET:

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Please include the following with your submission as a separate document. Submit by e-mail to IDEASymposium@gmail.com.

Abstract Title:

Authors:

Presenter's Name, Title and Institution:

Position:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Undergraduate Student | <input type="checkbox"/> Graduate Student | <input type="checkbox"/> Postdoctoral Fellow | <input type="checkbox"/> Medical Student |
| <input type="checkbox"/> Surgical Resident/Fellow | <input type="checkbox"/> Staff Engineer | <input type="checkbox"/> Faculty | |

E-mail address:

Phone number:

Specify Category for Abstract Submitted (please select one):

Robotic-Surgeon Interface _____

Human-Machine Replacement and Assistive Bioprosthesis _____

Robotics in Surgical Practice: _____