

# New York Chapter ACP Scientific Meeting Poster Competition

## Clerkship/Program Director Abstract Submission Authorization Form

Saturday, October 28, 2023  
Hyatt Regency Hotel – Rochester, NY

I authorize the following abstracts to be submitted for consideration in the 2023 NYACP Scientific Meeting Poster Competition. (A **maximum** of two abstracts per Resident or Medical Student may be submitted)

(Please check one)

Resident: \_\_\_\_\_

Medical Student: \_\_\_\_\_

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Abstract Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Abstract Title: \_\_\_\_\_

\_\_\_\_\_

Clerkship/Program Director: \_\_\_\_\_

(Please print or type)

Institution: \_\_\_\_\_

Clerkship/Director Phone: \_\_\_\_\_

Clerkship/Program Director Email: \_\_\_\_\_

**I have reviewed this abstract and will allow it to be submitted for the competition.**

By signing this document, I acknowledge my agreement to pay the \$75 charge per accepted abstract to offset the cost of the poster display board rental.

Clerkship/Program Director Signature: \_\_\_\_\_

**\*\*Please note:** Residents & Medical Students **MUST** be current members of ACP or must provide documentation of their application & dues payment to be eligible for the Abstract Competition.

Please email this form to: Karen Tucker LaBello, CMP  
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