

# New York Chapter ACP Scientific Meeting Poster Competition

## Clerkship/Program Director Abstract Submission Authorization Form

Saturday, October 11, 2025  
Crowne Plaza/ Desmond Hotel – Albany, NY

I authorize the following abstracts to be submitted for consideration in the 2025 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  
New York Chapter ACP  
PO Box 38237  
Albany, NY 12203  
Phone: 518-427-0366  
Email: [klabello@nyacp.org](mailto:klabello@nyacp.org)