



TEXAS ORTHOPAEDIC ASSOCIATION
2007 ANNUAL MEETING ABSTRACT FORM

I/we would like to present at the 2007 Texas Orthopaedic Association Annual Meeting being held May 11th-13th at the Four Seasons Hotel in Austin.

Title of Presentation: _____

Purpose/Relevance:

Target Audience:

Learning Objectives: At the end of this presentation, the participants will be able to

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Educational Format: **Paper Presentation - 5 minutes**
 Hands-on Workshop - 30 minutes
 Poster Presentation

Expected Educational Outcomes:

Speaker(s):

Name: _____ **Phone:** _____

Address: _____ **Email:** _____

Name: _____ **Phone:** _____

Address: _____ **Email:** _____

Please indicate:

_____ TMA Member

_____ Full-time Med School Staff

_____ TOA Member

_____ Resident

_____ Private Practice

_____ Fellow

Are you an OREF Grant Recipient? Yes No

If selected,

- I agree to have my presentation videotaped and developed into an online CME activity.
- I agree to assist TOA in developing post-test questions for such an online activity.

Speaker

Date

Speaker

Date

Return this form to:

**Texas Orthopaedic Association
ATTN: Abstract Submission
401 West 15th Street, Suite 820
Austin, TX 78701
or Fax to: 512-370-1515**