

SUBMISSION FORM

Contact Information - Corresponding Author

First Author Name

(please include all
degrees as you would
like them printed)

Title

**Affiliated
Institution**

Address 1

Address 2

City

State

Zip Code

E-mail Address

Manuscript Information

Submission Type

Manuscript Title

Authors

Abstract (no more
than 400 words
please)

Financial Disclosures

**Do any of your
authors have
relevant financial
disclosures?**

Yes (please outline below)

No

Author 1

Disclosure

Author 2

Disclosure

Author 3

Disclosure

Author 4

Disclosure

Author 5

Disclosure

Conflicts of Interest

Do any of your authors have any conflicts of interest?

Yes (please outline below)

No

Author 1

Conflict

Author 2

Conflict

Author 3

Conflict

Author 4

Conflict

Author 5

Conflict

Signatures

Author 1

Date

Author 2

Date

Author 3

Date

Author 4

Date

Author 5

Date