

# Abstract Submission Form

(Incorporating Declaration of Interest)

All sections of this form must be completed and returned with your hard copy of the abstract. If you are submitting more than one abstract, a form must be completed for each abstract

## 1. Contact Details for Presenting Author

Title (e.g. Prof, Dr, Mr, Mrs, Ms, Miss) .....

Family name: ..... First Name: .....

Department: .....

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Postal Address: .....

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## 2 Abstract Details:

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

Name of e-mail attachment: .....

(see instructions regarding naming of files)

Preferred type of presentation  Oral  Poster

## 3. Nomination for Young Investigator Award

Is this abstract to be considered for the YOUNG INVESTIGATOR AWARD?.

Yes

No

**5. Declaration of Interest**

It is the policy of The Australian and New Zealand Society of Respiratory Science that any real or perceived conflict of interest for a conference participant must be disclosed. For this purpose, a real or apparent conflict of interest is defined as having a significant financial interest in a product to be discussed directly or indirectly during the presentation, being or having been an employee of a company with such financial interest, and/or having had substantial research support provided by an industry to support the product to be discussed at the presentation.

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I / We had a conflict of interest with respect to this paper.

**Yes**

**No**

I / We have the following real or perceived conflict of interest that relates to this presentation. (If more space is required please append).

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PRINCIPAL AUTHOR TO SIGN \_\_\_\_\_

Please print name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please email your abstract and send the original hard copy at the same time.  
Email your abstract to [Peter.rogers@cs.nsw.gov.au](mailto:Peter.rogers@cs.nsw.gov.au)**

**Hard copies of your abstract, accompanied by the completed Declaration of Interest form, should be returned by post or courier to:**

**Peter Rogers, CRFS  
Chair of 2005 ANZSRS ASM Abstract Review Committee  
Respiratory Function Unit  
Concord Repatriation General Hospital  
1 Hospital Road  
Concord, NSW, 2139**

**Your abstract must be postmarked on or before 03 December 2004  
All emails must be received by the close of business on 03 December 2004**

**For further information, refer to the Delegates Manual  
on the ANZSRS web-site meetings page**