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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: _____

Organisation: _____

Postal Address: _____

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Telephone: _____ Facsimile: _____

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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 Bird Healthcare Young Investigator Award (YIA)

Is this abstract to be considered for the Bird Healthcare Young Investigator Award?

Yes No

Note: A supporting letter from a Senior Scientist/Head of Department **MUST** accompany nominations for the YIA. This letter should state:

- The nominee has had significant input into all aspects of research and preparation of the presentation;
- Whether the work has been (or is to be) presented under a similar title at another Scientific Meeting. If so, what meeting and who is/was the first author?

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.

Declarations of interest will be kept at the Secretariat at the Annual Scientific Meeting. Abstracts will not be considered for presentation unless accompanied by a declaration of interest.

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).

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 parsonsd@wch.sa.gov.au

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

**Dr David Parsons
Chair of 2006 ANZSRS ASM Abstract Review Committee
Department of Pulmonary Medicine
Women's and Children's Hospital
72 King William Rd.,
Nth Adelaide, S.A. 5006**

**Your abstract must be postmarked on or before 25 November 2005
All emails must be received by the close of business on 25 November 2005**

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