ABSTRACTS MUST CONFORM TO INSTRUCTIONS

TITLE:
(all capital letters)

_____
_____

AUTHOR(S) and INSTITUTION:

_____
_____

TYPE:

(check one)

- ❑ Clinical Investigation
- ❑ Case Report
- ❑ Literature Review

(check all that apply):

- ❑ I am staff physician.
- ❑ I am a resident.
- ❑ Resident/student when paper was written.
- ❑ Presented previously: (when & where)

_____
_____

- ❑ Published or accepted for publication in: (name of journal)

_____
_____

Address correspondence to:_____

_____

Work Phone:_____ Fax:_____ Home Phone:_____

ASSOCIATION OF MILITARY OSTEOPATHIC PHYSICIANS AND SURGEONS, INC.

ADMIRAL ESKE RESEARCH SEMINAR