



## General Instructions

60 total participant applications will be accepted. 20 slots will be provided via Young Investigator Travel Awards and 40 slots will be filled by other scientists who fulfill the criteria as outlined in the application. 20 additional slots are filled by of speakers and sessions chairs

The Organizing/Steering Committee will select the participants based on the responses outlined in the attached application. The selection will be afforded to those individuals who are most able to provide expertise related to the themes of the conference. The Organizing/Steering Committee will also attempt to select a diverse group of investigators from both the US and abroad.

### Young Investigator Travel Awards

The Young Investigator Travel Award requires a separate application process and each award includes economy air transportation, registration, hotel room-2 nights, and meals). 20 travel awards will be selected (10 domestic and 10 international). Applicants must complete a separate application. The deadline for applications for the Young Investigator Travel Awards is July 16, 2007.

### Conference Fees (Payment of fees is due upon acceptance of application)

#### Fee Includes:

On-Site accommodations (Includes registration, single hotel room-2 nights, and meals at The Woodlands Executive Conference Center).

<b>Single Occupancy:</b> (1 paid registrant per room)	\$775.00
<b>Double Occupancy with Roommate:</b> (2 registered conference attendees sharing one room)	\$600.00 per registrant
<b>Double Occupancy with Guest:</b> (2 people sharing one room. The other person sharing the room is an <i>accompanying</i> person of the conference participant. The guest is not entitled to attend the scientific sessions, group meals only).	\$1100.00
<b>Continuing Medical Education Credits</b> (Fee must be paid at the time the CME form is submitted at the conference.	\$50.00

Each conferee agrees to abide by the following regulations if accepted

<ul style="list-style-type: none"> <li>• Lectures and discussions may not be recorded.</li> <li>• Slide material may not be photographed.</li> <li>• Conference papers and discussions may not be used without expressed, written consent from the contributor.</li> <li>• SPR Research Conferences may not be cited as references in publications.</li> <li>• Guests are not permitted to attend lectures and discussions.</li> </ul>	<p>In order to maintain the intimate scientific interaction among the participants attending the conference, children under the age of 12 are not permitted.</p> <p>If this becomes a barrier to your participation, you are to contact the Conference Organizer.</p>
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# General Conference Application

## Personal Information

*Please print or type clearly*

Name: \_\_\_\_\_

Degree/Title:  Ph.D.  M.D.  M.D./Ph.D.  DVM  PharmD  Mr.  Ms.  Mrs.  Miss

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Race/Ethnicity** (required for statistical purposes only):

Alaskan Native  Pacific Islander (Polynesia/Micronesia)  Black/African American  Hispanic  
 Chicano  Latino  Native American (Tribal Affiliation) \_\_\_\_\_  Other (specify) \_\_\_\_\_

Are you a member of the Society for Pediatric Research?  Yes  No

Citizenship:  U.S. Citizen  Permanent Resident of U.S.A.  Other \_\_\_\_\_

What do you hope to gain by attending this meeting? (use additional pages if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to present a poster?  Yes  No If "YES", complete the attached abstract form. Return them both to the Society for Pediatric Research Research Conference Office with your application.

Your packet **must** include

- Your application
- An abstract (see form-300 words maximum; if a poster presentation is checked above)
- A brief CV

**Deadline for General Conference Applications is Monday, September 6, 2007**  
(Electronic applications will be accepted. Send to [debbiea@aps-spr.org](mailto:debbiea@aps-spr.org))

**Payment in Full Due Upon Acceptance of Application.**



**Society for Pediatric Research** *Research Conference*  
October 17-19, 2007 • The Woodlands Executive Conference Center • The Woodlands, TX

## *General Abstract Form*

*(if checked on application)*

Mailing address of present authoring (please provide full name rather than initials)

Abstract Title:

Author(s):

Affiliation(s):