

1. Visit MyAANS and log in



The screenshot shows the MyAANS website interface. At the top, there is a dark blue header with the "MyAANS" logo on the left and the American Association of Neurological Surgeons logo and name on the right. Below the header is a large image of three surgeons in an operating room. A white text box with a black border is overlaid on the image, containing the text "Enter in your user id and password." with two arrows pointing to the "User Name" and "Password" input fields on the login page. The login page itself is light blue and contains the following text: "The American Association of Neurological Surgeons password protected Website.", "User Name:" followed by a text box containing "rebeccamarchi", "Password:" followed by a text box containing "*****", "Login Help" with a link to "Register Here.", and a blue "Login" button. Below the login form are three promotional banners: "Publications" featuring the JNS Journal of Neurosurgery and JNS Journal of Neurological Pediatrics, "2018 AANS ANNUAL SCIENTIFIC MEETING APRIL 28-MAY 2 NEW ORLEANS", and "More". At the bottom of the page, there are navigation icons for "My Membership", "Meetings", and "My Resources". A white text box with a black border is overlaid on the "Publications" banner, containing the text "If you forgot your user ID and/or password, please use the **Login Help** link." with an arrow pointing to the "Login Help" link on the login page.

2. Click the “My Meetings” icon for the dropdown box, and select “Abstract Corner.”

Ms. Rebecca Marchi
(847) 378-0500
rjm@aans.org
Preferred Address:
AANS/Scientific Program Coordinator
5550 Meadowbrook Dr
Rolling Meadows IL 60008
Update Contact
Log out

Publications More

Interests More

My Membership ▾

My Meetings ▾
Abstract Corner
Speaker Corner
Vendor Corner
Event Materials
Faculty Evaluation
Meeting Certificates
Call for Scientific Programming
Annual Meeting Evaluations

My Resources ▾

My Applications ▾

CME

My Committees ▾

My Dues/Payments ▾

My Donation / Support ▾

AANS Member Directory ▾

Click Abstract Corner

3. Select the meeting for which you want to submit an abstract

Rebecca Marchi
Member ID 465091
Log out

Abstract Corner

Click on the 2017 AANS/CNS Section on Pediatric Annual Meeting

2017 AANS/CNS Section on Pediatric Meeting

2018 AANS Annual Scientific Meeting

2018 AANS Annual Scientific Meeting Late-Breaking

4. Click on “Create New Collection” to create a new abstract for submission.

Rebecca Marchi
Member ID 465091
[Log out](#)

Abstract Corner

April 28-May 2, 2018 | New Orleans
Call for Scientific Programming Submission Deadline:
Friday, May 26, 2017 at 5 p.m. (CST)

2017 AANS/CNS Section on Pediatric Neurological Surgery Annual Meeting
Meeting Date/Location:
Nov. 28- Dec. 1, 2017 | Houston
Abstract Submission Deadline:
Monday, Aug. 7, 2017 at 5 p.m. (CST)

2018 AANS Annual Scientific Meeting
Meeting Date/Location:
April 28-May 2, 2018 | New Orleans
Abstract Submission Deadline:
Tuesday, Oct. 24, 2017 at 5 p.m. (CST)

[Abstract Submission Guidelines](#)
[Abstract Submission Instructions](#)

Click on “Create New Collection”

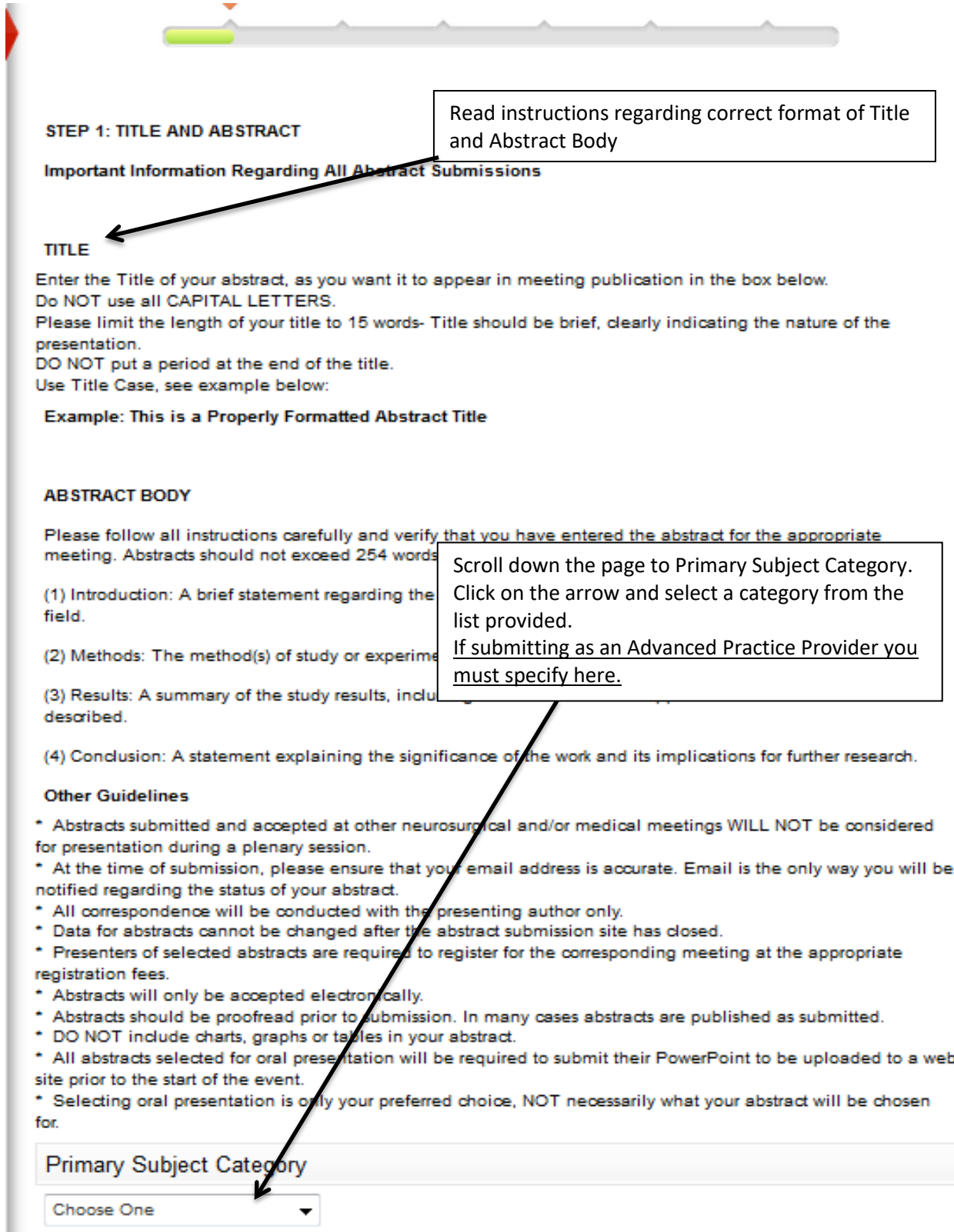
Submission History

Collection: 2017 AANS/CNS Section On Pediatric Neurological Surgery Annual Meeting
Subcollection: All

SUBMITTAL #	PRIMARY SUBJECT CATEGORY	TITLE: AS AN EXAMPLE, A PROPERLY FORMATTED TITLE WOULD READ: NEUROSURGERY RESEARCH PRINCIPLES AND DYNAMICS	STATUS	
27789	Choose One		INCOMPLETE - NOT YET SUBMITTED	Details
27804	Pain	test again	Complete	Details
27809	Cerebrovascular		INCOMPLETE - NOT YET SUBMITTED	Details

[CREATE NEW COLLECTION](#)

5. Scroll to the middle of the page to select the Primary Subject Category for your abstract.



STEP 1: TITLE AND ABSTRACT

Important Information Regarding All Abstract Submissions

TITLE

Enter the Title of your abstract, as you want it to appear in meeting publication in the box below. Do NOT use all CAPITAL LETTERS. Please limit the length of your title to 15 words- Title should be brief, clearly indicating the nature of the presentation. DO NOT put a period at the end of the title. Use Title Case, see example below:

Example: This is a Properly Formatted Abstract Title

ABSTRACT BODY

Please follow all instructions carefully and verify that you have entered the abstract for the appropriate meeting. Abstracts should not exceed 254 words

(1) Introduction: A brief statement regarding the field.

(2) Methods: The method(s) of study or experiment.

(3) Results: A summary of the study results, including conclusions.

(4) Conclusion: A statement explaining the significance of the work and its implications for further research.

Other Guidelines

- * Abstracts submitted and accepted at other neurosurgical and/or medical meetings WILL NOT be considered for presentation during a plenary session.
- * At the time of submission, please ensure that your email address is accurate. Email is the only way you will be notified regarding the status of your abstract.
- * All correspondence will be conducted with the presenting author only.
- * Data for abstracts cannot be changed after the abstract submission site has closed.
- * Presenters of selected abstracts are required to register for the corresponding meeting at the appropriate registration fees.
- * Abstracts will only be accepted electronically.
- * Abstracts should be proofread prior to submission. In many cases abstracts are published as submitted.
- * DO NOT include charts, graphs or tables in your abstract.
- * All abstracts selected for oral presentation will be required to submit their PowerPoint to be uploaded to a web site prior to the start of the event.
- * Selecting oral presentation is only your preferred choice, NOT necessarily what your abstract will be chosen for.

Primary Subject Category

Choose One

Callout boxes and arrows: One box points to the 'TITLE' section with the text 'Read instructions regarding correct format of Title and Abstract Body'. Another box points to the 'Primary Subject Category' dropdown with the text 'Scroll down the page to Primary Subject Category. Click on the arrow and select a category from the list provided. If submitting as an Advanced Practice Provider you must specify here.'

6. Enter abstract title

Title: As an example, a properly formatted title would read:

Abstract Body

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☰	☰	☰	
☰	☰	☰	

Introduction:

This is where you put your introduction.

Methods:

This is where you describe your methods

Results:

This is where you put the results

Conclusion:

This is where you put your conclusion

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Enter the title of your abstract, as you want it to appear in meeting publication.

- Limit the length of your title to 15 words
- **DO NOT** use all CAPITAL LETTERS
- **DO NOT** put a period at the end of the title

Example: This is a Properly Formatted Abstract Title

Character Count

Word Count

SAVE

RESET

7. Enter the content for the abstract

Title: As an example, a properly formatted title would read: Neurosurgery Research Principles and Dynamics

Abstract Body

Edit ▾ Insert ▾ View ▾ Format ▾ Table ▾ Tools ▾

↶ ↷ Formats ▾ Font Family ▾ Font Sizes ▾ **B** *I*

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Introduction:
This is where you put your introduction.

Methods:
This is where you describe your methods

Results:
This is where you put the results

Conclusion:
This is where you put the conclusion

Character Count

Word Count

SAVE

RESET

You can either type or copy and paste the text of your abstract underneath the Bolded Required Titles Provided, but you **MUST USE THE FOLLOWING GUIDELINES:**

1. Abstracts should not exceed 300 words and **MUST** include four areas:
 - a. **Introduction** - A brief statement regarding the purpose of the study and the current state of research in the field.
 - b. **Methods** - The method(s) of study or experimental approach must be briefly described.
 - c. **Results** - A summary of the study results, including sufficient details to support those conclusions must be described.
 - d. **Conclusion** - A statement explaining the significance of the work and its implications for further research.

8. Calculate Character Count and Word Count

Conclusions:
Here are your conclusions

Path:

Character Count

Word Count

When you are done entering in your abstract data, click on the Word Count Button for the system to verify you have not exceeded the maximum word count of 300.

Then Click Save

SAVE

RESET

9. Enter all co-author names that will appear in the author block for the abstract

Presenting Author: Rebecca Marchi
 Collection: 2017 AANS/CNS Section On Pediatric Neurological Surgery Annual Meeting
 Subcollection: All
 You Are Currently Editing Submittal #: 27811
 Submittal Status: INCOMPLETE - NOT YET SUBMITTED

01 - Title/Abstract

02 - Authors

03 - Preference

04 - Additional Info

05 - Disclosure Info

06 - Agreement

Review My Work

Click Here to Withdraw

1 2

STEP 2: AUTHOR STEP

As the abstract submitter you are the presenting author who is expected to present at the meeting. You will be contacted via e-mail to you, the presenting author.

Please remember to update your contact information if it should change prior to the meeting.

Your presenting author information may be changed and/or edited via your PROFILE in the author block. If you enter your information below, it will be listed twice in the author block.

To add co-author(s) fill in the form below, then click the SAVE button to save your changes. REPEAT for each co-author. The author block will show the additional authors in the order you list them. You can change the order with the up and down links.

When finished SAVING all co-author information, proceed to the next step by clicking on one of the steps to the left.

You, the Presenting Author, will be listed at the top. All correspondence for this submission will be directed only to you.

Presenting Author: Rebecca Marchi

Relationship	Last Name	First Name	City	State	Country	Company	
Additional Author	Christiansen	Sue	Rolling Meadows	IL	United States	AANS	Edit Delete

Add Additional Author

Relationship Type:

Additional Author

First Name: *

Middle Name:

Last Name: *

Degree:

Company:

City: *

State:

Please Select

Country Code:

Please Select

Phone Number:

Email: *

Enter your co-author(s) information in the boxes provided.

Please fill in co-authors' email.

You may either save and advance to the next step or save and add another additional author here.

SAVE AND PROCEED TO NEXT STEP

SAVE AND ADD ANOTHER

RESET

10. Select the Presentation Preference

Presenting Author: Rebecca Marchi
Collection: 2017 AANS/CNS Section On Pediatric Neurological Surgery Annual Meeting
Subcollection: All
You Are Currently Editing Submittal #: 27811
Submittal Status: INCOMPLETE - NOT YET SUBMITTED

01 - Title/Abstract
02 - Authors
03 - Preference
04 - Additional Info
05 - Disclosure
06- Terms and Conditions

Review My Work
Click Here to Withdraw
Back to List of My Abstracts

STEP 3: PRESENTATION PREFERENCES

You MUST indicate your presentation preference below, and press the SAVE button. Note that selecting Oral Presentation is only your preferred choice, NOT necessarily what your abstract will be chosen for.

If your abstract is selected for a poster, you will be required to register and attend the meeting. A 4' x 8' poster will need to be created to be displayed throughout the meeting. There will be a designated time during the program for poster viewing by attendees, in which presenting authors will need to be by their poster to answer questions.

Please Indicate Your Presentation Format Preferences (Required)*

- Oral Only
- Poster Only
- Either Oral OR Poster

SAVE
RESET

Click on the list of presentation options. Then save to move to the next step.

Note: selecting oral presentation is only your preferred choice, NOT necessarily what your abstract will be chosen for.

Additional Info

- 02 - Authors
- 03 - Preference
- 04 - Additional Info
- 05 - Disclosure
- 06- Terms and Conditions
- Review My Work
- Click Here to Withdraw
- Back to List of My Abstracts

STEP 4: ADDITIONAL INFO

Presenting Author's Information

Presenting Author's Email*

Presenting Authors Institution is required*

Are you an employee of industry? (i.e. Eli Lilly, Pfizer, etc.)*
 No
 Yes

Please choose YES if Presenting Author is resident or medical student*
 No
 Yes

Choose a Secondary Subject Category

- Developmental Anomalies (Chiari, Myelomeningocele, Tethered Cord, Craniosynostosis)
- Ethics
- Functional Anomalies (Epilepsy, CP, Peripheral Nerve)
- History
- Hydrocephalus
- Neoplasms
- Pain
- Spine
- Technical Advances
- Trauma
- Vascular

Awards

I, as Presenting Author wish to apply for the following award(s) for each award and then select the award(s) for which you are the only individual in the author block that is considered for the

- Hydrocephalus Association Award
- Kenneth Shulman Award
- Top Poster Award
- AAP/SONS Award

Previous Presentation

Has the work presented in this abstract or substantially similar work been presented previously?*

No
 Yes - Please explain

Is the work presented in this abstract or substantially similar work being submitted to another meeting?*

No
 Yes - Please explain.

FDA Approval

Is your work pending FDA approval?*

No
 Yes, please explain.

11. Verify your email address
 Please Note: As the abstract submitter you are the Presenting author who is expected to present either Oral or prepare poster for display, if chosen. All future correspondence will be sent via e-mail to you, the Presenting author

12. Add Presenting Author's institution name.

13. Indicate whether you are an employee of industry.

14. Presenting Author Information
 Please specify if you are a resident or Medical Student or not.

15. Secondary Subject Category
 Select one from list of Secondary Subject Categories.
 The Pediatrics Program Planning Committee will consider abstracts in the following categories for presentation at the Pediatrics Meeting, if the abstract cannot be accommodated in the primary category.

16. Awards
 If you would like to be considered for any of the awards listed, check off the box next to the award name.
 To see the award descriptions, click on the award name which will open the descriptions on another page.

18. Previous Presentation
 Click to answer yes or no. If yes, enter additional information in the space provided.

If FDA approval is pending, please explain.

Additional Info Cont.

19. Grant Funding

Select if this abstract received grant funding, and include the name of the grant or award. Select "No" if not applicable

Grant Funding and QOD Data

Is this abstract submission the result of research funding from the AANS, the Neurosurgery Research and Education Foundation (NREF) or one of the AANS/CNS Sections?*

- No
- Neurosurgery Research and Education Foundation (NREF)
- American Association of Neurological Surgeons (AANS)
- AANS/CNS Cerebrovascular Section
- AANS Section on the History of Neurological Surgery
- AANS/CNS Section on Pain
- AANS/CNS Section on Pediatric Neurological Surgery
- AANS/CNS Section on Disorders of the Spine and Peripheral Nerves
- AANS/CNS Section on Stereotactic and Functional Surgery
- AANS/CNS Section on Neurotrauma and Critical Care
- AANS/CNS Section on Tumors
- AANS/CNS Section on Women in Neurosurgery

Does your abstract utilize data from NeuroPoint Alliance's Quality Outcomes Database (QOD) formerly known as N2QOD.*

- No
- Yes

20. QOD Data

Select if this abstract utilized data from QOD.

Click "Save" to continue to next step

SAVE

RESET

21. Submitting Disclosures

Everyone submitting an abstract is required to submit a disclosure form. Please read through the information in its entirety and answer the CME Conflict Agreement and Disclosure.

- 02 - Authors
- 03 - Preference
- 04 - Additional Info
- 05 - Awards, Grants & QOD
- 06 - Disclosure**
- 07 - Terms and Conditions
- Review My Work
- Click Here to Withdraw
- Back to List of My Abstracts

STEP 6: DISCLOSURE

AANS/NREF/NPA Mandatory Disclosure Policy

The AANS, NREF and NPA expect that each individual required by this policy to file a disclosure statement will disclose relationships that include relevant financial interests and other interests that may compromise the individual's ability to act in the best interest of the organizations. These interests may include, but are not limited to the following situations:

- Leadership positions (voluntary or compensated) in another medical organization
- Consulting Relationships (compensated or non-compensated)
- Leadership position (voluntary or compensated) in foundations/fundraising organizations in the same area of medicine
- Corporate relationships (leadership and/or financial)
- Others

The disclosed relationships you identify here are not necessarily conflicts that will prevent you from accepting a role with AANS, NREF or NPA; any relationship(s) identified as a potential conflict will be evaluated by select/appropriate AANS Staff and Senior Physician Leadership. Please read the noted documents and indicate your agreement.

Corporate Guidelines*

- I have read the AANS/NREF/NPA [Corporate Guidelines](#) and understand that my decisions as an AANS/NREF/NPA Board, Committee Member, speaker, content planner or Staff must conform to this policy.
- I have read the AANS/NREF/NPA [Corporate Guidelines](#), but do not agree with it. (You will be contacted by an AANS/NREF/NPA staff member.)

Governance Conflict of Interest Policy*

- I have read the AANS/NREF/NPA [Conflict of Interest Policy](#) and understand that my decisions as an AANS/NREF/NPA Board, Committee Member, speaker, content planner or Staff must conform to this policy.
- I have read the AANS/NREF/NPA [Conflict of Interest Policy](#), but do not agree with it. (You will be contacted by an AANS/NREF/NPA staff member.)

Non-Discrimination, Anti-Retaliation, and Harassment Policy*

- I have read the AANS [Non-Discrimination, Anti-Retaliation, and Harassment Policy](#) and understand that as an AANS/NREF/NPA Board, Committee Member, speaker, content planner or Staff, I need to be aware of this policy and will report any perceived violations to the AANS Executive Director or to AANS/NREF/NPA legal counsel.
- I have read the AANS [Non-Discrimination, Anti-Retaliation, and Harassment Policy](#), but do not agree with it. (You will be contacted by an AANS/NREF/NPA staff member.)

AANS/NREF/NPA Content Validation Statements and CME Policies*

The AANS/NREF/NPA requires that the content of CME activities provide balance, independence, objectivity, and scientific rigor. Planning must be free of the influences or control of a commercial entity and promote improvements or quality in healthcare. In addition, the content or format of a CME activity and its related materials must promote improvements or quality in healthcare and not a specific proprietary commercial interest. All AANS/NREF/NPA CME activities must be compliant with the following ACCME content validation statements:

- All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
- All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, trade names from several companies should be used and not just trade names from a single company. Educational materials that are part of a CME activity such as slides, abstracts and handouts cannot contain any advertising, trade names without generic names (but listing of trade names from several companies is permissible) or product-group advertising. Any individual refusing to comply with this policy and/or not disclosing relevant financial relationships annually will not participate in, have control of or responsibility for the development, management or presentation of AANS/NREF/NPA CME activities.

CME Conflict for Education*

- I have read and I understand and agree with the statements above.
- I have read and I understand, but do not agree with the statements above. (You will be contacted by an AANS staff member.)

Select your answers by clicking on the radio buttons.

22. Submitting Disclosures Cont.

ACCME's Updated Standards for Commercial Support requires that anyone in a position to control the content of the education activity has disclosed all financial relationships with any commercial interest. For the purpose of this disclosure, ACCME considers the financial relationships of your spouse/partner/co-author to be included as yours. Failure or refusal to disclose or the inability to satisfactorily resolve the identified conflict may result in the withdrawal of the invitation to participate in any AANS education activities. This disclosure form is now linked to all AANS/NREF/NPA speaking engagements. Therefore, disclose all relevant financial relationships only once, not per engagement or role.

DISCLOSURE STATEMENT

Please indicate your or your spouse/partner or your co-author's financial and organizational relationships by checking the appropriate boxed below.

Commercial Interests Statement*

- I DO NOT have any financial or organizational relationships with commercial interests or other entities. I hereby certify that to the best of my knowledge, no aspect of my current personal or professional circumstances places me in the position of having a conflict of interest with my duties, responsibilities and exercise of independent judgement as an Officer, Member of the Board of Directors, Nominee for Office, Educational Presenter and/or a representative of AANS/NREF/NPA.
- I DO have financial or organizational relationships with commercial interests or other entities which I will disclose below.

Select your answers by clicking on the radio buttons.

Final Statement

I acknowledge my continuing obligation to disclose to AANS/NREF/NPA, promptly and in writing, any change in my circumstances. I further acknowledge that if there is any case where my private interest conflict with the interests of AANS/NREF/NPA, I will indicate that I may have a conflict and abstain from any vote, speaking engagement, planning related to that issue.

Indicate if you consent or decline to be recorded if chosen to present.

Recording Release*

Select One

Select final disclosure statement response.

Final Statement Response*

- I Agree
- I Disagree (you will be contacted by and AANS staff member)

Glossary of Terms

Commercial Interest: The ACCME defines a commercial interest as any entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients.

Conflict of Interest: Circumstances create a conflict of interest when an individual has the opportunity to affect CME content or organizational decisions about products or services of a commercial interest or other entity with which he/she has a financial or organizational relationship

Financial Relationships: The ACCME defines "Financial Relationships" as those relationships in which benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (i.e. stocks, stock options or other ownership interest, excluding diversified mutual funds) or other benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership and other activities from which remuneration is received and/or expected. ACCME considers relationships of the person included in the CME activity to include financial relationships of a spouse/partner.

Relevant Financial Relationships: The ACCME defines "Relevant Financial Relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest. ACCME focuses on financial relationships with commercial interests in a 12-month period preceding the item that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to significant. Inherent in any amount is the incentive to maintain or increase the value of that relationship.

Click "Save."

SAVE

RESET

23. Terms and Conditions

- 01 - Title/Abstract
- 02 - Authors
- 03 - Preference
- 04 - Additional Info
- 05 - Disclosure
- 06 - Terms and Conditions**
- Review My Work
- Click Here to Withdraw
- Back to List of My Abstracts

1 2 3 4 5 6

STEP 6: TERMS AND CONDITIONS

****Please Read****
If this submitted abstract is accepted, you will be held to these terms and conditions.

Terms and Conditions

Agreement to Register*
 I, as the presenting author, affirm that if my abstract is accepted for either an oral or poster presentation, I will register and pay the corresponding registration fee. If I am unable to fulfill the obligation of attending the meeting, I will complete and submit a Change of Presenting Author Form by Friday, Nov. 10, 2017, designating a co-author as the replacement presenting author.

Permission of Authors*
 I, as the Presenting Author, will take responsibility for the content of the submitted abstract, and have the permission of all co-authors to submit this abstract to the meeting.

Failure to Present*
 I, as the Presenting Author understand that if I accept to present this research for either an Oral or E-poster presentation and I fail to register for the meeting, Presenting Author, I will not be able to submit an abstract again for

One Per Clinical Study Policy*
 I understand that only one abstract may be submitted per clinical institution or group of investigators. Multiple abstracts focusing on the same study are prohibited.

Publish as Submitted*
 I understand that all author names including credentials, the abstract title and abstract body will be published as submitted to the AANS Abstract Center.

Award Consideration*
 I, as the presenting author, understand that I will be subject to the eligibility requirements for the slate of awards given at the meeting. The presenting author is the individual who is currently logged into the AANS Abstract Center and is submitting the abstract for review.

Selection Process*
 I understand that the type of presentation choice selected during the submission process (oral or poster) is a request only. The accepted format is at the discretion of the Scientific Program Committee.

Previously Presented Abstract*
 I, as the presenting author, understand that submitted abstracts accepted by the AANS/CNS Section on Pediatric Neurological Surgery will be eligible to present their papers at the section's Annual Meeting as long as they have not presented their work prior to the abstract submission deadline date, Monday, August 7, 2017. If you present your work at another meeting after the submission deadline date, this could possibly effect presenting this research at the AANS/CNS Section on Pediatric Neurological Surgery Annual Meeting.

Right to Withdraw*
 I understand and agree that the AANS/CNS Section on Pediatric Neurological Surgery reserves the right to withdraw an abstract at any time.

Select your answers by clicking on the radio buttons.

Please Read and check off Terms and Conditions radio boxes.

Click "Save" to continue to next step.

SAVE
RESET

24. Review Your Work

This page will allow you to ensure the accuracy of your work. If you need to make changes to any of the sections, click one of the steps from left side navigation.

Presenting Author: Rebecca Marchi
 Collection: 2017 AANS/CNS Section On Pediatric Neurological Surgery Annual Meeting
 Subcollection: All
 You Are Currently Editing Submittal #: 27811
 Submittal Status: INCOMPLETE - NOT YET SUBMITTED

01 - Title/Abstract

02 - Authors

03 - Preference

04 - Additional Info

05 - Disclosure

06- Terms and Conditions

Review My Work

CLICK HERE TO SUBMIT

Click Here to Withdraw

Back to List of My Abstracts

⚠ Your Abstract is NOT fully submitted until you press the [CLICK HERE TO SUBMIT](#) button to the left or below. The [SUBMIT](#) BUTTON will only appear after you have provided all required information and the submission period is still open.

COLLECTION INFORMATION

Primary Subject Category:
Advanced Practice Provider

Title: As an example, a properly formatted title would read: Neurosurgery Research Principles and Dynamics:
title

Abstract Body::

Introduction:
This is where you put your Introduction.

Methods:
This is where you describe your methods

Results:
This is where you put the results

Conclusion:
Here are your conclusions

Presenting Author

Relationship	Last Name	First Name	City	State	Country	Company
Presenting Author	Marchi	Rebecca	Rolling Meadows	IL	United States of America	American Association of Neurological Surgeons

Additional Author(s)

Relationship	Last Name	First Name	City	State	Country	Company
Additional	Marchi	Rebecca	Rolling Meadows	IL	US	

NOTE: Please remember to save a copy of your completed abstract submission.

CLICK HERE TO SUBMIT

When done reviewing, select the "CLICK HERE TO SUBMIT" tab.

Note: if you do not fill in ALL of the required fields and hit submit, it will prompt you to return and fill in the required field that was missed.

Presenting Author: Rebecca Marchi
 Collection: 2017 AANS/CNS Section On Pediatric Neurological Surgery Annual Meeting
 Subcollection: All
 You Are Currently Editing Submittal #: 27811
 Submittal Status: Complete

****IMPORTANT****
 Look and verify that Submittal Status says **COMPLETE!**
 A Confirmation email will be sent after submission completion.

- Review and Print
- Print
- Revise
- Withdraw
- Back to List of My Abstracts

COLLECTION INFORMATION

Primary Subject Category:
 Advanced Practice Provider
 Title: As an example, a properly formatted title would read: Neurosurgery Research Principles and Dynamics:

title
 Abstract Body::

Introduction:
 This is where you put your Introduction.
Methods:
 This is where you describe your methods
Results:
 This is where you put the results
Conclusion:
 Here are your conclusions

Presenting Author

Relationship	Last Name	First Name	City	State	Country	Company
Presenting Author	Marchi	Rebecca	Rolling Meadows	IL	United States of America	American Association of Neurological Surgeons

Additional Author(s)

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