

**FREDERICK A. COLLER SURGICAL SOCIETY**  
**CALL FOR ABSTRACTS**  
**DEADLINE FOR RECEIPT: MAY 2, 2011**  
57th Annual Meeting, October 20-23, 2011, Napa, California

**Consider this abstract also for:**

- Jobst Award**     **Resident Research Award**     **Snapshot 3 Minute Presentation**

Send Completed Abstract to:  
Vincent M. Cimmino, M.D.  
Secretary-Treasurer  
F. A. Collier Surgical Society  
P O Box 994, Suite 2115  
Ann Arbor, MI 48106  
or FAX to: 734-712-2809

**ABSTRACT FORMAT:**

- (1) Title.
- (2) Statement of the purpose of the study (one sentence preferred).
- (3) Statement of methods used.
- (4) Summary of results.
- (5) Statement of conclusion (It is not satisfactory to state: "The results will be discussed.")

**PLEASE PRINT:**

**Names of all authors** (including first name  
And title)

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

**Institution:**

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

**Coller Society Sponsor**(if not one of the  
authors): \_\_\_\_\_

**Presenting Author and Mailing Address:**

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

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

\***NOTE:** Abstracts for papers previously published will not be accepted. Sponsor of residents, must attend presentation. I certify that informed consent has been obtained and where indicated, approval received by the IRB or Committees on Human Experimentation.

**TITLE:**

\_\_\_\_\_

\_\_\_\_\_  
(principal author signature)

(Type must fit within this box using a font no smaller than 10)

**THIS FORM MAY BE COPIED**

**ALL AUTHORS MUST SUBMIT A DISCLOSURE FORM WITH THIS ABSTRACT FORM FOR CONSIDERATION**