Abstract Submission Deadline: February 28, 2017
Notification: no later than March 17, 2017

The Global Brain Health and Performance Summit Scientific Program Committee invites you to submit abstracts for papers to be presented at the upcoming conference.

The Global Brain Health and Performance Summit Scientific Program Committee has reserved time on the program for scientific poster sessions. Poster sessions will take place Friday, April 28 during the poster reception. You are welcome and encouraged to bring handouts.

Topics

- Advanced technology for performance enhancement
- Athletics applications
- Biomarkers of performance and recovery (biomarkers can include biomaterials as well as performance characteristics, behaviors and other proxy measures for performance and recovery)
- Cognitive Readiness
- Effects of stress on brain health and performance
- Immune functioning and impacts on brain health and performance
- Inflammation and impacts on brain health and performance
- Lifestyle factors impacting brain health and performance (i.e. sleep, nutrition, exercise, social engagement)
- Military applications
- Mindfulness and meditation and impacts on brain health and performance
- Minimizing effects of aging on cognition
- Performance Assessment
- Physical Training for Performance Improvement
- Quantifying brain networks and performance
- Sensing technology (wearable sensor technology applications toward brain health)

Abstracts previously presented at other national or international meetings will be accepted.

Submission Information

Please use the recommended abstract format: Introduction/Statement of the Problem, Materials and Methods, Results and Conclusions. The text of your abstract may be up to 300 words. All correspondence will be sent to the presenting author.

- Poster presentations are limited to one (1) primary presenter.
- In 300 words or less, provide an accurate, succinct and informative representation of the content that will be presented in the paper. The abstract communicates the essence of the presentation to the intended audience.
- Do not use abbreviations. Type in sentence case. Do not use all caps.
- Do not use the ampersand character (&) unless it is part of the company name.
- Proofread for typographical, grammar and syntax errors.
All abstracts should be submitted electronically, as Word documents (with a .doc extension), via e-mail to chelsea.kane@osumc.edu no later than Tuesday, February 28, and include the following information:

- Indication of presentation as paper
- Title of presentation
- Name and institution of presenter(s)
- Abstract Text
- Disclosure Form
- Statement of Ethical Adherence

All presenting authors must also complete the Disclosure Form and submit it together with the abstract.

If you have any questions, please contact chelsea.kane@osumc.edu.

Selection Criteria

Submissions will be reviewed and rated by members of the Scientific Program Committee who have expertise in the clinical area to which the submission belongs. Each submission will be reviewed for its scientific or clinical importance, ethical practice and study design.

Notification of Acceptance or Rejection of Submissions

Primary presenters of paper submissions will be notified by e-mail of the acceptance or rejection by March 17, 2017. Presenters will be required to complete a presenter information form and faculty disclosure form.

Meeting Registration Guidelines for Presenters

Poster presenters must register for the meeting and pay the applicable registration fee, as the Global Brain Health and Performance Summit will not waive the registration fee. Presenters are also responsible for all personal expenses (e.g., travel, hotel). You are encouraged to register for the meeting and to reserve hotel accommodations as early as possible to ensure that space is available. Visit go.osu.edu/brainhealth for registration and hotel information.

Poster Guidelines

Presenting Data and Materials

Presenters for poster presentations must present at the assigned time to present materials. Specific space will be assigned to hang and display your materials.

General Information

Your information should be self-explanatory so that you are free to supplement and discuss particular points raised by viewers. Again, handouts are strongly encouraged. You should bring enough handouts to insure availability to all attendees.

Policy on Commercial Support

Policy on Commercial Support: Presentations must avoid commercialism. Presentations that constitute promotion and advertising will not be accepted. If the cost of a presentation has been underwritten to any extent, a clear acknowledgement stating the support and identifying the source should be included in the abstract (e.g., “The support of [corporation or institution] for this project is gratefully acknowledged.”). Statements made in presentations are the sole responsibility of the author or presenter. Statements should not be viewed as or considered representative of any formal stance or position taken on any subject, issue, or product by the Global Brain Health and Performance Summit Scientific Program or The Ohio State University.
ABSTRACT SUBMISSION FORM
Deadline: Tuesday, February 28, 2017
(Please type all information in 11-point Arial Font. This form may be duplicated to accommodate multiple submissions.)

Abstract Title:

Primary Presenter Name (include credentials):

Address
City State Zip

Email

Primary Presenter Institution (include place of employment)

Address
City State Zip

Co-presenter(s) (include credentials):

Co-presenter(s) Institution (include place of employment):

Address
City State Zip

Co-presenter(s) (include credentials):

Co-presenter(s) Institution (include place of employment):

Address
City State Zip

(Attach additional pages if there are more co-presenters)

Please attach your abstract, including:
• Introduction
• Materials and Methods
• Results
• Conclusion
• References: Author 1, Author 2, Author 3, Author 4, et al. Title. Journal Year. Volume: start page-end page.
• Acknowledgements: Acknowledge any funding sources and contributors to the research in this section.
• Statement of Ethical Adherence: Indicate whether the work was approved by an Institutional Review Board (or other appropriate body as appropriate to local regulations)
• Figure and Table Legend
• Learning Objectives

REMEMBER TO COMPLETE AND SUBMIT THE DISCLOSURE FORM ALONG WITH THIS FORM.
Activity Title: 

Date of presentation: Activity code (if known):

Name of faculty:

As a provider of continuing education, CME Outfitters, LLC, is required to comply with the guidelines set forth by the ACCME, AMA, ACPE, NASW and CCMC.

First, list the names of commercial interests (defined in the “Glossary of Terms” below) with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours. Second, describe what you or your spouse/partner received (ex: salary, fee, research grant, etc). CME Outfitters does NOT want to know how much you received. Third, describe your role.

Evidence for significant financial interest or other relationship may include: receiving grants/research support, current or recent history of employment with, consultanship to or major stockholder of a company, or being a member of a speakers bureau. Disclosing a relationship or affiliation with any commercial organization does not necessarily prevent a faculty member from making a presentation. However, if it is determined that the financial relationship may cause conflict of interest, the faculty member has the option to alter the relationship so that a conflict no longer exists, or CME Outfitters will manage and attempt to resolve the conflict in order to ensure activities are free of commercial bias. The policy is designed to place a higher priority on the health and well-being of the public than on individuals’ personal economic interests.

__ No, within the last 12 months, I, the undersigned (or my spouse/domestic partner), have not had any type of financial arrangement or affiliation with commercial interests related to the content of this continuing education activity that requires disclosure. (skip to signature section)

__ Yes, within the last 12 months, I, the undersigned (or my spouse/domestic partner), have/had a financial arrangement or affiliation with commercial interests related to the content of this continuing education activity that requires disclosure. (Complete the following section.)

If Yes, please provide details in the space provided.

Grants:

Research Support:

Speakers Bureau:

Consultant:

Stock Shareholder (directly purchased):

Other financial or material support:

I understand that this form will be available for review by program participants.

Signature: Date:

Example terminology

What was received: Salary, royalty, intellectual 
Role(s): Employment, management position.
property rights, research grant, consulting fee, speaker fee, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and ‘other activities (please specify).

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, used on, or consumed by, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. For more information, visit www.accme.org.

Financial relationships
Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial 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, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Relevant financial relationships
ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time 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 be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “‘relevant’ financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

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