

# Current Approaches to the Management of Facial-Jaw Asymmetry and TMJ Dysfunction

A joint meeting presented by the ASTMJS/ESTMJS

April 3–4, 2020 • Grand Hyatt Hotel, Washington, D.C. USA  
[www.astmjs.org/2020](http://www.astmjs.org/2020) meeting

## Poster Presentation Abstract Application

**SUBMISSION DEADLINE: February 7, 2020**

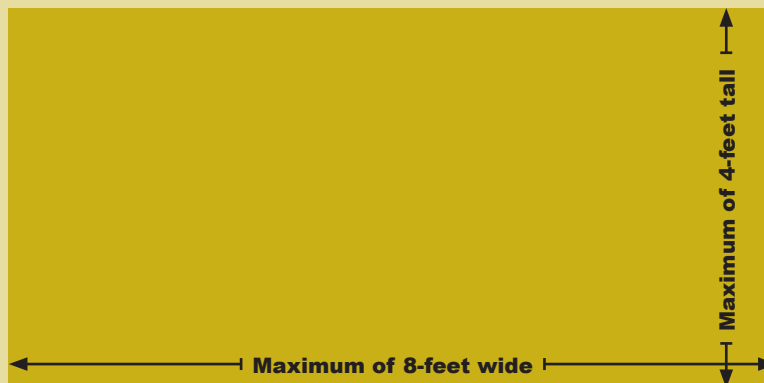
ALL APPLICATIONS **MUST BE RECEIVED** NO LATER THAN **February 7, 2020**.

Applications received after the deadline will not be considered.

Please read the below information carefully and thoroughly before completing the form.

### The numbered paragraphs below correspond to the numbered headings on the application

- 1. Presenter:** Type or print your full name and degrees exactly as you wish them to appear in the printed program. Kindly indicate complete mailing address, phone number and primary e-mail address. On the lines following your name, type or print any Associate clinician's name and degrees exactly as you wish them to appear in the printed program. Please be sure your listing is complete and all names are spelled accurately. Residents or trainees must also provide the name of your program and Program Director—the Program Director must sign your application indicating his/her approval of your participation in this program.
- 2. Poster Title:** Type or print the poster title exactly as you wish it to read in the printed program.
- 3. Abstract:** The abstract must fit within the area provided. Abstracts must be in the following format: 1. Poster Title and Your Name 2. Purpose of the Study; 3. Materials (Patients) and Methods; 4. Results; 5. Conclusions. Three references must be included.
- 4. Presentation:** Accepted abstracts must be presented in the following poster dimensions: The maximum dimensions of your poster board are 4-feet tall x 8-feet wide and must be displayed HORIZONTALLY. Posters may be smaller but not larger than these dimensions.



# A joint meeting presented by the ASTMJS/ESTMJS

April 3–4, 2020 • Grand Hyatt Hotel, Washington, D.C. USA  
www.astmjs.org/2020 meeting

**SUBMISSION DEADLINE: February 7, 2020**

## APPLICATION

PLEASE TYPE ALL INFORMATION INTO THE SHADED AREAS

**1. Presenter:** [shaded] Degree(s): [shaded]  
Mailing Address: [shaded]  
City: [shaded] State/Province: [shaded] Postal Code: [shaded]  
Phone: [shaded] Fax: [shaded]  
E-mail address: [shaded] ROAAOMS member: Yes  No   
Residency year (if applicable): [shaded]  
**Co-author (if any):** [shaded]  
Professional Title: [shaded] Degree(s): [shaded]  
Mailing Address: [shaded]  
City: [shaded] State/Province: [shaded] Postal Code: [shaded]  
Phone: [shaded] Fax: [shaded]  
E-mail address: [shaded] ASTMJS member: Yes  No   
**Residency Program (if applicable):**  
Program Director: [shaded] Degree(s): [shaded]  
Mailing Address: [shaded]  
City: [shaded] State/Province: [shaded] Postal Code: [shaded]  
Phone: [shaded] Fax: [shaded]  
E-mail address: [shaded] ASTMJS member: Yes  No

**2. Poster Title:** [shaded]

3. **Abstract:** Please type directly into the box below. Must fit in the area provided and use the following format: 1. Abstract Title and Your Name; 2. Purpose of the Study; 3. Materials (Patients) and Methods; 4. Results; 5. Conclusions. *Three references must be included.*

Signature: \_\_\_\_\_

***For Resident or Trainee:***

Signature of Program Director: \_\_\_\_\_

Print Name, Address and Telephone number of OMFS Program Director in the box below:

**Application Checklist:**

Please review this checklist and make certain that all items are completed prior to submitting your application.

- Application is completely filled out and signed. (Incomplete applications will not be reviewed.)
- All clinicians' names, addresses, phone numbers, e-mail address and membership status are noted.
- Abstract is attached in the proper format and with a maximum of 3 references.
- Application is signed by primary author.
- Application is signed by Program Director if submitted by trainee or resident.

**Please retain a copy of your application for your records.**

**Mail, fax or e-mail your completed application by February 7, 2020 to:**

American Society of TMJ Surgeons  
Attn: M. Kathleen Sheridan, CAE, ASTMJS Executive Director  
4407 Wilshire Blvd., #302  
Mound, MN 55364

OR

Fax: 763.416.0124  
E-mail: ASTMJS2@aol.com  
Questions? Phone: 952.472.4762