



# 2019 IAS VASCULAR RESIDENT AND FELLOW CASE COMPETITION AND SCHOLARSHIP

2019 International Aortic Summit | October 16-18, 2019 | Hilton Aruba

## CRITERIA

1. Must be a Fellow or Vascular Resident currently enrolled in an accredited program.
2. Submit an **Interesting Case by August 1, 2019 in abstract format** –Only Aortic cases (open or endo) are eligible with a focus on cases resulting in complications.
3. The IAS Program Committee will review all submissions and will select the best 10-15 cases for presentation during the Summit.

**SCHOLARSHIPS:** Residents or Fellows whose abstracts are selected for presentation in the Case Competition will be reimbursed for Economy Air Fare to Aruba; will receive complimentary registration for the meeting and up to a maximum of two (2) nights' hotel accommodations at the Hilton Aruba Hotel. Program Directors of successful case submissions will be given free registration and hotel accommodations for two evenings.

4. The Fellows Case Competition Session will be held during the IAS meeting. Presentations are limited to five (5) minutes with the use of no more than 10 PowerPoint slides.
5. **Scholarships are Limited!** Please submit an interesting case for consideration along with the Application by **August 1, 2019 to [ias@administrare.com](mailto:ias@administrare.com)**



**2019 INTERNATIONAL AORTIC SUMMIT**

**October 16-18, 2019 – Hilton Aruba**

**Meeting Administrative Offices**

**100 Cummings Center, Suite 124A**

**Beverly, MA 01915**

[www.aorticsummit.com](http://www.aorticsummit.com)

**978.927-7800 ~ FAX: 978-927-7800**

# **2019 IAS VASCULAR RESIDENTS AND FELLOWS CASE COMPETITION APPLICATION**

**Application/Case Submission Deadline: August 1, 2019**

Please return with your Case Submission by email to: [ias@administrare.com](mailto:ias@administrare.com) or FAX: 978.927-7800

**(Please Print Clearly)**

Fellow's Name: \_\_\_\_\_

Organization/Institution: \_\_\_\_\_

Organization/Institution Address: \_\_\_\_\_

\_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address *(required for confirmation and updates)* \_\_\_\_\_

Year in Residency: \_\_\_\_\_

**PLEASE COMPLETE**

**Program Director**

**Chief**

**Department Chair**

**Other**

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

Organization/Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_