



Saturday, November 9, 2019

Amway Grand Plaza
187 Monroe Ave. NW
Grand Rapids, MI

SCIENTIFIC RESEARCH EXHIBIT COMPETITION SPONSORSHIP INFORMATION

EXHIBIT DATES & HOURS

Saturday, Nov. 9 | 8 am - 12 pm

ABOUT THE MOA SRE COMPETITION:

The Michigan Osteopathic Association (MOA) hosts its Scientific Research Exhibit (SRE) competition every year during its Spring and Autumn Conventions. These competitions provide osteopathic medical students, residents, fellows and attending level physicians throughout Michigan an opportunity to present their medical and scientific research to their profession. Our events demonstrate the very best of what osteopathic medicine is, portraying the profession's bright future.

Submissions at www.domoa.org/SRE (deadline October 1, 2019).

Poster Awards*:

| | |
|----------------|-------|
| First place | \$400 |
| Second place | \$300 |
| Third place | \$200 |
| Misc. Category | \$200 |

**Poster Presentation Awards: If an insufficient number of submissions are received for a category, prize money is reallocated to other categories at the SRE Committee's discretion.*

Submission Categories

1. Basic Science Research Abstract Format
2. Clinical Vignette (Case Report) Abstract Format
3. Clinical Medicine (Research Study) Abstract Format
4. Quality Improvement/ Patient Safety High Value Care Abstract Format

Full descriptions of each category at www.domoa.org/SRE

The Judging Process

Judges work in teams of at least three (3), and must include at least one (1) osteopathic physician, one (1) researcher (may be practicing DO or MD with research experience or a PhD), and at least one trainee (resident or student). Each team must, as a group, give an evaluation to each poster or oral presentation based on criteria established in four domains:

1. Presentation (organization/layout)
2. Introduction/ Background
3. Description of methods (data and analysis)
4. Discussion (overall clarity of thought)

Winning participants receive cash awards, all participants receive a certificate for participation.

Michigan Osteopathic Association | 2445 Woodlake Circle, Okemos, MI 48864
P 517-347-1555 | F 517-347-1566 | www.DOMOA.org

The MOA Autumn Convention attracts more than 400 osteopathic physicians, practice managers, students, interns, residents and health care professionals who are engaged in an educational and hands-on learning forum. Visit with physicians during scheduled breaks throughout the day.

SAVE THE DATE!

MOA 121st Annual Spring
Scientific Convention
May 14 - 17, 2020
Westin Southfield Detroit

CONTACT

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SPONSORSHIP OPPORTUNITIES

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Your consideration to sponsor the 2019 Autumn Scientific Research Exhibit competition, while encouraging your osteopathic interns, residents and practicing physicians to participate in the annual competition is appreciated.

Platinum Sponsor - \$1,000

- Logo recognition
- Lunch co-sponsor

Gold Sponsor - \$750

- Logo recognition
- Breakfast co-sponsor

Silver Sponsor - \$500

- Logo recognition

Bronze Sponsor - \$250

- Name recognition

Patron Sponsor - \$100

- Name recognition

SRE sponsors will be acknowledged in on-site convention program, MOA website and signage. Logos must be sent in a high-resolution (PDF for ads, .eps for logos) format for print.

See the MOA Marketing Opportunities packet at domoa.org/sponsor for more info on sponsorships outside of SRE.



RETURN WITH PAYMENT TO:
Michigan Osteopathic Association
2445 Woodlake Circle
Okemos, MI 48864
E mbudd@domoa.org
P 517-347-1555 ext. 112
F 517-347-1566

SPONSOR CONTRACT

ORGANIZATION NAME: _____

CONTACT NAME & TITLE: _____

EMAIL ADDRESS: _____ **PHONE #** _____

ADDRESS: _____ **APT/STE.** _____

CITY _____ **STATE** _____ **ZIP** _____ **FAX #:** _____

Autumn Scientific Research Competition; Level _____ **\$** _____

TOTAL = \$ _____ **Payment due October 25, 2019**

Check enclosed

Check # _____ (Please make checks payable to Michigan Osteopathic Association)

Credit card: MasterCard Visa Discover

Cardholder name: _____

Billing address: _____ City _____ State _____ Zip _____

Card number _____ Exp. date _____ CVV _____

*Accept Participation: I, the undersigned, am authorized and agree to participate in the indicated activity of the Michigan Osteopathic Association. I commit my company to the above financial obligation. **Payment due: October 25, 2019.***

SIGNATURE _____ **DATE** _____