

## IMPORTANT

The instructions accompanying this form must be followed COMPLETELY for all abstracts.

## ASSOCIATION FOR ACADEMIC MINORITY PHYSICIANS

### ADMINISTRATOR CHECKLIST

Before mailing check abstract for the following common errors:

- DETACH BOTH ABSTRACT FORM AND FORM LETTER OF TRANSMITTAL BEFORE TYPING
- TYPE MUST BE DARK ENOUGH TO REPRODUCE
- Be certain **TITLE IS COMPLETELY CAPITALIZED**
- DO NOT use ABBREVIATIONS IN TITLE
- DO NOT indent title
- THE NAME OF THE AUTHOR WHO WILL PRESENT MUST BE UNDERLINED**
- Initials or first names must precede last name
- Institutional affiliation and city are required
- Be sure that degrees, street address, zip code and grant support are NOT listed in abstracts
- DO NOT begin author's name or address on a new line unless necessary
- Begin body of abstract on a new line that is indented three spaces
- There must be no unacceptable abbreviations
- Abstracts must stay within rectangular borders**
- DO NOT blacken borders of abstract rectangle
- Left-hand border must be perfectly straight
- DO NOT squeeze letters on lines
- Smudges or faint typing may require retyping of the abstract
- DO NOT use CAPITALS or UNDERLINE for emphasis
- Check accuracy of SPELLING and HYPHENATION
- There should be no space between lines or paragraphs
- A conclusion must be stated. A hopeful promise of additional data or discussion is not acceptable

### ENCLOSURES

- E-mail original copy of abstract form**
- Original form letter of transmittal**

## ASSOCIATION FOR ACADEMIC MINORITY PHYSICIANS

Office of Administration  
Telephone 410-916-4996 Fax (410) 602-8725

### 38th Annual Scientific Meeting

#### Instructions for Author

##### Preparation of Abstract:

Title should be brief and clearly state the content of the paper. List the presenting author's name *first*. Give the name and the location of the institution where the work was done. (If not done at an institution, then only give the city and state.) Titles, position and institutional appointment should not be included.

##### Organize the body of the abstract as follows per example below:

**RELATIONSHIP BETWEEN SUCRALFATE, GASTRIC CYTOPROTECTION AND PROSTAGLANDIN AND MUCUS SYNTHESIS AND SECRETION.** E. Quandros, E. Ramsamooj, D.E. Wilson; Dept. of Medicine, SUNY, Downstate Medical Center, Brooklyn, N.Y.

Sucralfate (SC) has been reported to inhibit the development of experimentally induced gastric ulcers, possibly by stimulation of mucosal prostaglandin (PG) synthesis.

1. *Purpose of the study (one sentence if possible)*
2. *Simple statement of methods*
3. *Summary of results obtained*
4. *Statement of the conclusions reached (do not state: "The results will be discussed.")*

##### Standard abbreviations may be used:

RBC, g, kg, mg, ml, % (percent), / (per)

Simple tables or graphs (in black ink) may be included if they fit within the abstract.

Nonproprietary (generic) names should be used the first time a drug is mentioned. These should be in small letters. Proprietary names are capitalized.

##### There is a firm deadline for receipt of abstracts of August 30, 2024.

An original and one photocopy of the abstract typed as a Word document on the official Abstract Form, accompanied by one e-mail Transmittal of Abstract Form should to be sent to:

**E-MAIL: [pnixon@aampinc.org](mailto:pnixon@aampinc.org)**  
and  
Office of Administration  
Association for Academic Minority Physicians, Inc.  
P.O. Box 271  
Stevenson, Maryland 21153-0271  
Phone: 410.916.4996 Fax: 410.602.8725

*Notification of abstracts selected for presentation will be made on September 6, 2024*

**DEADLINE FOR RECEIPT OF ABSTRACTS IS August 30, 2024**

PROGRAM No. \_\_\_\_\_

ABSTRACT No. \_\_\_\_\_

**ABSTRACT FORM**  
**ASSOCIATION FOR ACADEMIC MINORITY PHYSICIANS**

38th AAMP Annual Scientific Meeting  
The Ritz-Carlton Conference Center, Naples - Naples, Florida  
September 27, 2024 — September 29, 2024

TITLE OF ABSTRACT \_\_\_\_\_

PRIMARY AUTHOR			AAMP Member	Non Member	Student/ Trainee
	First Name	M.I.	Last Name & Degree		

Mailing Address \_\_\_\_\_  
(Affiliation or Institution)

\_\_\_\_\_ ( ) \_\_\_\_\_  
Street City State Zip Telephone

Institute where work was done if different from above \_\_\_\_\_

**UNLESS OTHERWISE INDICATED, ALL CORRESPONDENCE WILL BE CONDUCTED WITH THE PRIMARY AUTHOR. IT IS ASSUMED THAT IN THE EVENT THE PAPER IS ACCEPTED, THE PRIMARY AUTHOR WILL PRESENT.**

ADDITIONAL AUTHOR(s) (List in the same order as they appear on the abstracts)

First Name	M.I.	Last Name	Degree	AAMP Member	Non Member	Student/ Trainee

We will require the following speakers' aid: \_\_\_\_\_ **PowerPoint equipment**

NOTE: The primary author affirms that this material will not have been previously published or presented by any national meeting of a national society.

\_\_\_\_\_ (Signature of Primary Author)

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**ASSOCIATION FOR ACADEMIC MINORITY PHYSICIANS**

38th AAMP Annual Scientific Meeting  
September 27, 2024 — September 29, 2024

**TYPE ABSTRACT HERE**

**Be sure to single-space and stay within border.  
See enclosed instructions.**

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**DO NOT BEND**