

SUBMISSION GUIDE

ASCRS AND ASOA SUBMISSIONS: AUGUST 29-OCTOBER 17, 2018

OPHTHALMIC PHOTOGRAPHERS' SOCIETY PHOTO SUBMISSIONS: AUGUST 29, 2018 – JANUARY 11, 2019

August 29	Submission site for ASCRS posters, papers and courses open Submission site for ASOA practice management courses open 2018/2019 Financial Interest Disclosure site open
October 17, 2018	Deadline for ASCRS paper, poster, and film submissions Deadline for ASOA course submissions Deadline for Financial Interest Disclosure (see page 5)
December 10	ASCRS•ASOA Program acceptances are sent via e-mail
December 19- February 19	Dates to upload films and electronic posters
January 9	ASCRS-ASOA Real-Time Program Available
January 11	Deadline for Ophthalmic Photographers' Society Exhibit submissions and receipt of OPS photographs at ASCRS
February 19	Deadline to upload films Deadline to upload ASCRS electronic posters to be uploaded for judging
February 20	Deadline to update results and conclusions for scientific papers and posters
February 23- March 9	Poster Judging
March 16-April 1	Film Judging
April 3	Deadline for speaker registration
April 15	Deadline for COE Exam Registration Deadline for electronic ASCRS course handouts Deadline for electronic ASOA Practice Management course handouts
May 3	ASCRS Glaucoma Day 2019 ASCRS Refractive Day 2019 Cornea Day 2019 ASOA Workshops* ATPO COA/COT/COMT Exam Review Sessions*
May 3-7	ASCRS•ASOA Annual Meeting Technicians & Nurses Program

Abstract submissions for the ASCRS and ASOA Programs must take place through the online submission portal at <https://ascrs.confex.com/ascrs/19am/cfp.cgi>

All submissions are subject to the ACCME guidelines regarding independence and validation of clinical content. Instructors/authors/producers are responsible for ensuring that (1) all recommendations involving clinical medicine presented are based on evidence that is accepted within the profession and (2) all scientific research referred to, reported, or used conforms to the generally accepted standards of experimental design, data collection, and analysis. Recommendations, treatments, or manners of practicing medicine that do not comply with the above, are known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients will not be accepted.

General statements about submissions are followed by requirements for each type of submission (course, paper, poster, film, and photograph) types on the following pages.

ACCREDITATION STATEMENT

The American Society of Cataract and Refractive Surgery is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. ASCRS takes responsibility for the content, quality, and scientific integrity of the CME activity. ASCRS is accredited by the ACCME to provide continuing medical education for physicians.

EDUCATIONAL OBJECTIVES

Ophthalmologists attending the ASCRS•ASOA Annual Meeting will have the opportunity to:

- Summarize, assess, analyze, and evaluate the latest developments for the management of multiple ocular conditions within the various ophthalmic specialties
- Formulate current and advanced treatment strategies with ocular conditions, including anterior segment and refractive surgery, glaucoma, and retinal conditions
- Identify complicating factors in anterior segment surgery and develop appropriate treatment plans to address the factors pre-, peri- and postoperatively
- Compare and contrast ophthalmic devices and pharmaceuticals
- Integrate prescribed medical and surgical treatment options into everyday practice
- Examine external legislative and internal practice issues affecting the field of ophthalmology

ABSTRACT SUBMISSION PROCESS

Online abstract submission is open from August 29 to October 17, 2018.

Step 1: All participants in a position to control the content of this CME activity—presenters, coauthors, instructors, co-instructors, producers, and co-producers and other faculty—must disclose their financial interests. The financial interest disclosure instructions are on page 5. Failure to complete this form by Wednesday, October 17 will result in disqualification from participation in this CME activity.

Step 2: To submit an ASCRS instructional course, film, scientific paper, poster, photograph; ASOA course go to: <https://ascrs.confex.com/ascrs/19am/cfp.cgi>

- Provide all required information. The process will allow you to review your submission.



- It is important to use a valid e-mail address as all correspondence regarding the account and/or submission will be sent to this e-mail address

Step 3: Use your browser “print” command to print a copy of your submission for your records. If you do not receive a completed submission confirmation ID, please contact:

submissions@ascrs.org (ASCRS course, film, paper, poster, or photograph; submissions@asoa.org (ASOA course). Incomplete submissions will not be processed.

PEER REVIEW PROCESS

All submissions will be peer-reviewed by the ASCRS Program Committee and appropriate clinical committees. Submissions will be graded on content and scientific integrity and will be accepted based on ASCRS creating an overall balanced program. Submissions by non-MDs/DOs will be reviewed in the context of the presenter’s training and education, as well as how the topic fits into the overall program. Submissions should align with ASCRS educational objectives.

NONACCEPTANCE

- Abstract submissions that are commercially biased will not be accepted.
- If the instructor/author/producer did not present his/her scheduled presentation the previous year and did not follow the withdrawal guidelines, the submission will not be accepted.
- If the submission information has been published or presented elsewhere, the submission may not be accepted.
- If the lead instructor/author/producer and all co-instructors/coauthors/co-producers have not completed their individual Financial Interest Disclosure by Wednesday, October 17 the submission will not be accepted.
- Any abstract submitted with an optometrist listed as senior author/instructor will not be accepted for presentation. An optometrist may be listed as a co-author on a paper/poster abstract.

DISCLOSURE OF UNAPPROVED/OFF-LABEL USE

If a presentation concerns the use of a drug or device that has not been approved by the U.S. Food and Drug Administration or concerns off-label use of a drug or device approved by the FDA for other use, this must be disclosed during the presentation.

NOTIFICATION OF STATUS

An e-mail with the status of the submission will be sent by December 10. If notification is not received by December 14, please contact: submissions@ascrs.org (ASCRS course, film, paper, or poster); submissions@asoa.org (ASOA course).

SUBMISSION WITHDRAWALS

If an instructor/author/producer is unable to present, he/she must notify ASCRS•ASOA by e-mail, submissions@ascrs.org or submissions@asoa.org.

If an instructor/author/producer fails to submit notification of withdrawal or does not present, he/she will be ineligible to submit for the 2020 Annual Meeting (see Guidelines for Nonacceptance).

ASCRS

By submitting this abstract (scientific paper, poster, instructional course, film, photograph), I agree to grant and assign exclusively to the American Society of Cataract and Refractive Surgery and the American Society of Ophthalmic Administrators (“the Societies”) all of the rights, including copyright, in the submitted presentation, as well as any related materials used for audiovisual presentation (collectively referred to as “the works”). I also grant and assign to the Societies the rights to film, record, reproduce, reprint, distribute, sell, and otherwise make use of the works, or any presentation of the works, in any media or format, and authorize the Societies to use my name, likeness, photograph, and biographical data in connection with its use and promotion of the works. I understand that I will receive no royalty or other monetary compensation from the Societies for this assignment of rights and the subsequent use of my works by the Societies.

I represent and warrant that the works are my own original work or that I have obtained all necessary permissions and authorizations from all individuals or entities that may otherwise have a right, title, or interest in the works; that I have full right and power to make this assignment; that the works do not violate any copyright, proprietary or personal rights of others; and that the works are factually accurate and contain no matter libelous or otherwise unlawful.

ASOA

By my signed acceptance of the terms and conditions of this agreement, and in consideration of the opportunity to speak and present my work at the ASOA Annual Meeting, I hereby grant the American Society of Ophthalmic Administrators, a division of the American Society of Cataract and Refractive Surgery (the “Societies”), a royalty-free, perpetual worldwide license to copy, reproduce, film, distribute and/or sell the work in any media or format in connection with the Annual Meeting or sale or other distribution of materials, as well as authority to use my name, likeness, photograph, and biographical data in connection with its use and promotion of the works. I understand that I will receive no royalty or other monetary compensation from the Societies for this license of rights and the use of my works by the Societies in connection with the Annual Meeting. ASCRS•ASOA will not use the works for any purposes unrelated to the Annual Meeting or sale/distribution of Annual Meeting materials without my written permission prior to use.

The Societies understand and agree that the above grant of rights does not constitute a transfer of copyright and that I remain free to present the materials or revised versions thereof elsewhere for any purposes. I represent and warrant that the works are my own original work or that I have obtained all necessary permissions and authorizations from all individuals or entities that may otherwise have a right, title, or interest in the works; that I have full right and power to make this license; that the works do not violate any copyright, proprietary or personal rights of others; and that the works are factually accurate and contain no matter libelous or otherwise unlawful. I further agree to indemnify and hold harmless the Societies and their respective officers, directors, employees, and volunteers from any and all claims of copyright infringement made against the Societies and arising out of the work and my presentation of the work at the Annual Meeting.

FINANCIAL INTEREST DISCLOSURE

FINANCIAL INTEREST DISCLOSURE REQUIREMENTS

As an accredited provider by the ACCME, ASCRS must ensure balance, independence, objectivity, and scientific rigor in all its individually or jointly provided activities.

All individuals participating in a CME activity must disclose any financial interest or relationship with a company that produces, markets, resells, or distributes ophthalmic products/devices/drugs or services discussed in an educational presentation or lack thereof. Financial interest can include such things as grants or research support, consultant, stockholder,



member of speaker's bureau, financial relationships held by spouse, etc. The intent of the financial interest disclosure is to provide information to the ASCRS Program Committee and Clinical Education to design and implement a balanced, independent, and scientific educational activity. The Financial Interest Index in the Final Program/Meeting App provides information to attendees so they can make their own judgment regarding the

interest or relationship and the materials presented.

Potential participants (instructors, authors, producers etc.) in ASCRS-sponsored and jointly provided CME activities, including co-instructors/coauthors/co-producers, presenters, panelists etc., must provide a complete listing of ALL financial relationships relevant to ophthalmology—not just those related to a specific talk—in the financial interest disclosure database. Any relevant financial relationship that occurred within the previous 12 months should be reported. Those who have no financial interests to disclose should indicate “none” in the database. Disclosure information will be kept on file and used during the calendar year in which it was collected for all CME-bearing activities.

To submit for the 2019 ASCRS•ASOA Annual Meeting, you must complete the financial disclosure information in this database. All lead presenters must notify all co-instructors/coauthors/co-producers and faculty that they must enter their financial interest information. Submissions with incomplete financial disclosures will not be accepted for presentation.

ENTERING FINANCIAL INTEREST DISCLOSURE

Go to <http://annualmeeting.ascrs.org/financial-interest-disclosure> and click on “2018/2019 Financial Interest Disclosure.”

In addition to the written disclosure, presenters must disclose financial relationships (or lack thereof) at the start of the presentations. Failure to do so will render the submission ineligible for program awards (Best Paper of Session [BPOS], Live Poster Presentations, Film Festival awards).

This system ensures ASCRS' and ASOA's continued compliance with the ACCME's guidelines and ensures the Societies provide exceptional quality continuing education.

CATARACT

CATARACT PROCEDURE

- Incisions
- Capsulorhexis
- Phaco
- I&A
- Devices and Instruments
- Phaco vs. Femto
- Other

FEMTOSECOND LASER ASSISTED CATARACT SURGERY

- Incisions
- Capsulotomy
- Lens fragmentation
- Complications
- Other

IOL POWER CALCULATIONS & ALIGNMENT

- Imaging
- Marking
- Post-refractive measurements
- Biometry
- Intraoperative Aberrometry

IOLS

- Monofocal
- Presbyopia Correcting IOLs
- Toric IOLs
- Toric & Presbyopia Correcting IOLs
- Secondary IOLs
- IOL Delivery Systems/Injectors

NON-IOL ASTIGMATISM CORRECTION

CATARACT (CONT'D)

**CHALLENGING CASES
PREOPERATIVE/INTRAOPERATIVE/
POSTOPERATIVE PHACO**

- Small Pupils
- Iris Defects/Prolapse/Iris Repair
- IFIS
- CME
- Preexisting Retinal Disease
- Posterior Polar Cataract
- PCR
- Post-refractive Preexisting Corneal Disease
- Other

COMPLICATIONS

- Dysphotopsia
- PCO
- Femto
- Edema
- IOL Design
- Endophthalmitis
- Other

**MEDICATIONS (PREOPERATIVE, POSTOPERATIVE,
INTRAOPERATIVE)**

- Corticosteroids
- NSAIDS
- Topical
- Intracameral
- Adverse Effects
- Other

SURGICAL OUTCOMES

- Visual Acuity
- Refractive Stability
- Endothelial Loss
- Corneal Curvature

KERATOREFRACTIVE

LASIK PROCEDURE

- Myopia
- Hyperopia
- Astigmatism
- Topo-guided and Wavefront-guided
- Microkeratome or Femto flaps
- Other

REFRACTIVE PROCEDURES

- Flap Procedures/Small Incision Lenticule Extraction (SMILE)/Refractive Lenticule Extraction (ReLex)
- Surface Procedures (PRK/LASEK/Epi-LASIK)
- Corneal Incision Procedures (LRI/AK)
- Other/Phakic IOLs/ICLs/Intrastromal corneal ring segments/corneal inlay

SURGICAL PLANNING

- Imaging
- Wavefront Aberrometry
- Topography and Tomography
- Keratometry
- Nomograms
- Other

COMPLICATIONS

- Flaps
- Suction Loss
- Keratectasia
- Keratopathy
- Other

REFRACTIVE OUTCOMES

- Vision Quality
- Refractive Stability
- Adverse Effects

PRESBYOPIA CORRECTION

PRESBYOPIA CORRECTING IOLS

- Diffraction
- Small Aperture
- Accommodating
- Depth of Focus
- Multifocal/Trifocal
- Blended Vision

SURGICAL PLANNING

- Aberrometry
- Tomography
- New methods to restore accommodation
- Other

PRESBYOPIA CORRECTING PROCEDURES

- Laser Vision Correction
- Corneal Inlays
- LASIK Monovision
- Contact Lens Monovision
- Presby LASIK
- Refractive Index Shaping
- Scleral Implants
- Ciliary Excision
- Combination Procedures
- Other

SURGICAL OUTCOMES

- Postoperative Signs
- Vaulting
- Complications and possible adverse effects
- Patient satisfaction

CORNEA

CORNEA PROCEDURES

- EK
- DMEK
- DSAEK
- DALK
- Donor Grafts

KERATOCONUS

- Contact Lenses
- Crosslinking
- Crosslinking and Surface Ablation
- Keratoplasty
- Intrastromal Ring Segments

SURGICAL PLANNING

- Imaging
- Topography and Tomography

OCULAR SURFACE/CORNEA DISEASE

- Dry Eye Disease
- Dry Eye Treatments
- Tear Film Measurement Devices
- Fuch's/Lattice/Map-Dot Dystrophy
- Herpes/Herpes Zoster
- Pterygium/Pinguecula
- Sjögren's Syndrome
- Keratitis
- Meibomian Gland Dysfunction
- Medications
- Corneal Scars
- Other

GLAUCOMA

GLAUCOMA PROCEDURES

- Laser treatment: Cyclophotocoagulation/
Endocyclophotocoagulation/Micropulse
cyclophotocoagulation
- Trabs
- Shunts
- Tubes
- Stents

MEDICATIONS

SURGICAL OUTCOMES

RETINA

PEDIATRIC

NON-CLINICAL

Limit: 1 course submission per instructor

Course presentations are instructional and aim to achieve the submitter's stated educational objective. A course should include enough time for Q & A and ideally interactive discussion built into the 90-minute time frame. Based on previous meeting attendee feedback, consideration will be given to courses with newer material and that may include opportunities for engagement with attendees. (Ex. presenting a case and asking the attendees how they would approach). Potential faculty are reminded to design courses that are scientifically sound and unbiased. All program participants (including all invited course faculty) are required to register for the Annual Meeting. ASCRS•ASOA does not pay honoraria or travel/housing expenses for presenters. Speaker registration deadline: April 3

If the proposed course has special requirements, please contact us at courses@ascrs.org

If the proposed course will be conducted in a language other than English, an English translation of the title, course description, and objectives must also be submitted.

NUMBER OF FACULTY PER COURSE

Each instructional course must include 1 course director/lead instructor and up to 5 co-instructors or speakers, not to exceed 6 total faculty members

RESPONSIBILITIES OF THE LEAD INSTRUCTOR (COURSE DIRECTOR):

- If entering co-instructors/faculty, confirm the e-mail address they used when submitting their financial interest disclosure to be able to include them with the electronic submission.
- Prior to submitting:
 - Invite all co-instructors and faculty to confirm their willingness to participate.
 - Notify all co-instructors and faculty that they must enter their financial interest information into the financial interest disclosure database. In accordance with the ACCME's updated requirements, faculty who have not done so will not be allowed to participate in the course and will not be listed in the Final Program. (See page 5 for details.)
 - Ensure that each faculty member and/or co-instructor, does not include a presentation that has a conflict of interest.
 - If accepted, you must notify all faculty of the scheduled date and time for the course.
 - Prepare or coordinate comprehensive handouts to be distributed at the course or submitted to ASCRS for posting online. ASCRS will not accept, photocopy, or distribute handout copies. We will, however, accept electronic handouts which will be available through the ASCRS-ASOA Meetings App. Further instructions regarding electronic handouts will be sent to lead instructors of accepted courses.

Please read the following instructions carefully before completing the submission.

Title (limited to 250 characters, including spaces and punctuation)

The title should accurately and concisely reflect the submission content. For CME purposes, product/trade names cannot be used in the title. Generic descriptors are required. Titles with product/trade names may be rejected. The title should not be formulated as a question or statement (i.e., should not include a verb). Titles should follow title case rules and may be edited by ASCRS editorial staff. Please do not enter the title in all caps.

Category Choose from the categories and topics on page 6.

Course Material Level

Indicate if the course material is:

- Introductory
- Intermediate
- Advanced

Please enter the format of the course presentation: (You may select more than one)

- Didactic lecture
- Surgical or clinical videos
- Case presentations (with or without videos)
- Instructional surgical steps (with or without demonstration videos)

What is the ONE thing you want the learner to be able to do after attending your course? I want the learner to be able to:

- Change surgical technique/approach
- Improve management of surgical complications
- Use a systematic approach to improve patient care and/or clinical results
- Consider other technology, (eg. Consider a new IOL) to improve surgical outcomes
- Other

Course Description (Limited to 450 Characters, including space and punctuation)

The course description will be used in the final program and is the basis upon which participants select sessions to attend. The course description should include the topics to be presented Please begin your description with the words "Course will . . ."

ASCRS INSTRUCTIONAL COURSE SUBMISSION EXAMPLE

TITLE: Fundamentals of Anterior Segment Reconstruction

CATEGORY: Cataract

TOPIC: Challenging Cases/Preoperative/Intraoperative/Postoperative Phaco

SUB TOPIC: Iris Defects/Prolapse/ Iris Repair

COURSE MATERIAL LEVEL: Intermediate

COURSE PRESENTATION FORMAT: Didactic lecture, Surgical or clinical videos

EDUCATIONAL OBJECTIVE: Improve management of surgical complications

COURSE DESCRIPTION: This lecture, video, and a panel discussion will highlight current topics in anterior segment surgery. Topics will include iris repair, IOL exchange, sutured IOLs, anterior vitrectomy, use of iris and capsule support devices, and complex cataract surgery. Attendees will learn several surgical techniques for repair of the anterior segment and how to apply these techniques in their clinical practice.

HANDOUTS

If your course is accepted, you will be encouraged to submit an electronic version of your handout no later than April 15, 2019. Handouts will be available on the ASCRS-ASOA Meetings App. Instructions and information about the format for course handouts will be included in the presentation acceptance letter if your submission is accepted.

The handouts must be received by the deadline or the instructor assumes responsibility for providing copies on site.

CHECKLIST

- ✓ Confirm the valid e-mail address of each faculty member before starting the online submission process.
- ✓ Notify all faculty members that they must complete the Financial Interest Disclosure by the October 17 deadline.
- ✓ Notify all faculty of their inclusion in the course (if accepted) of the scheduled date and time for the course.

Because of repetition and time limitations, submissions are limited to 3 abstracts per author of which only 1 submission may be accepted. Please submit in order of your preference of acceptance.

SCIENTIFIC PAPER PRESENTATIONS

All accepted papers will be limited to 5-minute presentations. Within each session, papers will be clustered into discussion groups, typically 3 to 5 related papers. After each cluster, there will be a panel discussion.

PEER REVIEW

All paper abstract submissions will be peer-reviewed by the ASCRS Program Committee and appropriate clinical committees. Abstracts will be graded on content and scientific integrity. Submissions by non-MDs/DOs will be reviewed in the context of the presenter's training and education.

RESPONSIBILITIES OF THE LEAD AUTHOR

- Prior to submitting, the lead author must enter their financial interest information into the financial interest disclosure database.
- Lead authors must notify coauthors to enter their financial interest information into the financial interest disclosure database. Those who have not submitted by October 17, 2018, cannot be included on the abstract.

ABSTRACT STRUCTURE

Please read the following instructions carefully before completing the submission:

Title (limited to 140 characters, including spaces and punctuation)

For CME purposes, product/trade names cannot be used in the title. Generic descriptors are required. Titles with product/trade names may be rejected. The title should not be formulated as a question or statement (i.e., should not include a verb). Titles should follow title case rules and may be edited by ASCRS editorial staff. Please use title case when completing the submission. The title should accurately and concisely reflect the submission content.

Category Choose from the categories and topics on page 6.

Purpose (Limited to 350 characters, including spaces and punctuation)

Indicate the question that the study answers or the hypothesis it tests. Do not include names or affiliations of authors. Do not include sponsorships, grants, etc.

Methods (Limited to 700 characters, including spaces and punctuation)

Describe the study design, indicating randomization, masking, and whether the data collection was retrospective or prospective, if applicable. Identify the patients, including selection procedures, inclusion criteria, and numbers. Indicate the intervention procedures and the outcome measures.

Results (Limited to 700 characters, including spaces and punctuation)

Present the outcomes and measurements. Data should include the level of statistical significance.

Conclusion (Limited to 350 characters including spaces and punctuation)

State the conclusion and clinical pertinence.

- Abstracts that do not include results and conclusion **must be revised by February 20, 2019**, to be accepted in the ASCRS Program. This date applies to papers and posters only.
- Proofread the abstract carefully. It will appear exactly as submitted.
- Do not submit the abstract if the material has been presented or published elsewhere.

Contributing authors who have completed the financial interest requirements can be listed on your abstract. Coauthors who have not been indicated on the abstract submission and/or have not submitted a financial interest disclosure cannot be acknowledged within the presentation. Please ensure you have listed all contributing authors on the abstract and that the contributing authors have submitted current financial interest disclosures in the submission database before the October 17 deadline. There is a limit of 6 authors per submission.

ASCRS SCIENTIFIC PAPER ABSTRACT SUBMISSION EXAMPLE

Title: Prospective Study of Topography-Guided LASIK for Myopia: 12-Month Clinical Results

Presenting Author: Doyle Stulting, MD, PhD

Coauthor: Barbara S. Fant, PharmD

Purpose: To evaluate Topography-Guided LASIK (T-CAT) for the treatment of myopia and myopic astigmatism.

Methods: One year, non-randomized, prospective study of 249 myopic eyes of 212 subjects using the T-CAT algorithm on the Allegretto Wave Eye-Q 400 Hz excimer laser. All eyes were targeted for plano using topography and refraction for treatment planning.

Results: UCVA was .20/20 in 93% of eyes, .20/16 in 65%, and .20/12.5 in 34%. 40.4% of eyes gained .1 lines of BSCVA; 2.2% lost 1 line of BSCVA. Contrast sensitivity improved; most visual symptoms were unchanged or improved; and patient satisfaction was high.

Conclusion: At 1-year, primary T-CAT LASIK produces excellent UCVA, improves BSCVA, and reduces visual symptoms with a high level of patient satisfaction and no significant safety concerns.

BEST PAPER OF SESSION (BPOS)

At the end of each paper session, the moderator and panelists will confer to select the Best Paper of Session (BPOS). The BPOS winner will be announced immediately after the decision is made; therefore, all presenters should plan to stay for the conclusion of each session.

Eligibility

All accepted paper presentations must meet these 4 requirements to be eligible for BPOS judging:

- The final approved title appears on the PowerPoint slide, including all edits provided within acceptance notification.
- Disclosure of relevant financial interests (or lack thereof) appears on either the title slide or the slide immediately following it.
- Disclosure of relevant financial interests (or lack thereof) is made verbally at time of presentation.
- Presentation is within the 5-minute time limit.

Judging Criteria

- Scientific merit
- Originality
- Clarity
- Adherence to time limits

CHECKLIST

- ✓ Lead author must enter their Financial Disclosure before submitting.
- ✓ Notify all coauthors that they must complete the Financial Disclosure by the October 17 deadline.
- ✓ Confirm the valid e-mail address of each coauthor before starting the online submission process.
- ✓ Confirm that title does not include product/trade names and is in the proper format.
- ✓ Confirm that abstract includes 4 required sections: purpose, methods, results, conclusion.
- ✓ Ensure that each section of the abstract adheres to the character limit.

SUBMISSION DEADLINE: OCTOBER 17, 2018 UPLOAD ELECTRONIC POSTER: DECEMBER 19, 2018- FEBRUARY 19, 2019 RECEIPT OF ELECTRONIC POSTER: MARCH 8, 2016

Limit: 3 poster submissions per author

ELECTRONIC POSTER PRESENTATIONS

Accepted poster abstracts will be presented in electronic format (PowerPoint). All accepted poster submissions will be available for viewing on-demand in the Poster Pavilion at the convention center.

PEER REVIEW

All poster submissions will be peer reviewed by the ASCRS Program Committee, Poster Judges, and appropriate clinical committees. Abstracts will be graded on content and scientific integrity. Submissions by non-MDs/DOs will be reviewed in the context of the presenter's training and education.

RESPONSIBILITIES OF THE LEAD AUTHOR

- Prior to submitting, the lead author must complete their financial interest disclosure.
- Lead authors must notify coauthors to submit their financial interest disclosures. Those who have not submitted by October 17 cannot be included on the abstract.
- In submitting a poster, the lead author attests that he/she has reviewed each coauthor's financial interest and determined there is no conflict of interest.

All accepted and uploaded electronic posters will be on continuous display in the Poster Pavilion during the meeting and available for viewing on the ASCRS website pre- and post-meeting. Questions from attendees will be submitted electronically to the lead author's email.

LIVE POSTER PRESENTATIONS

Posters selected for an award will be given the opportunity to present their poster live at the meeting in a session moderated by the Poster Judges. Presentation time/date to be announced at a later date.

STRUCTURED ABSTRACT

Please read the following instructions carefully before completing the submission:

- Choose the poster category from the list on page 6.
- Do not use all capital letters when completing the submission.
- The title should accurately and concisely reflect the submission content.

For CME purposes, product/trade names cannot be used in the title. Generic descriptors are required. Titles with product/trade names may be rejected. The title should not be formulated as a question or statement (i.e., should not include a verb). Titles should follow title case rules and may be edited by ASCRS editorial staff.

Limit: 140 characters including spaces and punctuation

Limit: 6 contributing authors

NOTE: Coauthors who have not been indicated on the abstract submission and/or have not submitted a financial interest disclosure cannot be acknowledged on electronic poster presentation and will be removed prior to the Annual Meeting. Please ensure you have listed all contributing authors on the abstract and that the contributing authors have submitted current financial interest disclosures in the submission database before the October 17 deadline.

Purpose (Limited to 350 characters, including spaces and punctuation)

Indicate the question that the study answers or the hypothesis it tests. Do not include names or affiliations of authors. Do not include sponsorships, grants, etc.

Methods (Limited to 700 characters, including spaces and punctuation)

Describe the study design, indicating randomization, masking, and whether the data collection was retrospective or prospective, if applicable. Identify the patients, including selection procedures, inclusion criteria, and numbers. Indicate the intervention procedures and the outcome measures.

Results (Limited to 700 characters, including space and punctuation)

Present the outcomes and measurements. Data should include the level of statistical significance.

Conclusion (Limited to 350 characters, including space and punctuation)

State the conclusion and clinical pertinence.

- Abstracts that do not include final results and conclusion must be revised by February 20, 2019, to be included with the online abstracts. This date applies to papers and posters only.
- Proofread the abstract carefully. It will appear exactly as submitted.
- Do not submit the abstract if the material has been presented or published elsewhere.

ASCRS POSTER ABSTRACT SUBMISSION EXAMPLE

Title: Assessment of Toxicities of Moxifloxacin, Cefuroxime, and Levofloxacin on Corneal Endothelial Cells in Vitro

Author: Kazuki Matsuura, MD

Coauthors: Tomoko Haruki, MD, Dai Miyazaki, MD, Yuki Terasaka, MD, Yoshitsugu Inoue, MD, PhD

Purpose: To assess the toxic effects of moxifloxacin, cefuroxime, and levofloxacin on human corneal endothelial cells in vitro and to determine the safe intracameral concentrations for these antibiotics.

Methods: Human corneal endothelial cells (HCE_n) in culture were exposed to moxifloxacin, cefuroxime, and levofloxacin at concentrations up to 2,000 µg/ml. Evaluation of membrane damage was determined by ethidium homodimer-1 (EthD-1) uptake and cell viability by intrinsic esterase activity. The inhibitory effect of the three antibiotics on the constitutive secretion of interleukin-6 (IL-6) was determined by ELISA.

Results: The acute effects (6 h) on membrane damage and cell death were dose-dependent for moxifloxacin and levofloxacin (500 µg/ml). For cefuroxime, membrane damage was not observed at 6 h, and slight damage was detected at 24h at concentrations 500 µg/ml. The half maximal inhibitory concentrations (IC50) on cell viability of moxifloxacin, levofloxacin, and cefuroxime were 487 µg/ml, 578 µg/ml, and 1600 µg/ml, respectively. The inhibitory effects of the three antibiotics on the constitutive secretion of IL-6 were observed at 15.6 µg/ml indicating that the antibiotics can impair the secretion of the protective cytokine even at low concentrations.

Conclusion: Moxifloxacin at 500 µg/ml causes damage of the cell membranes of corneal endothelial cells, and even higher concentrations decrease the cell viability. Considering the lower minimum inhibitory concentration for inhibiting 90% growth by moxifloxacin, we recommend intracameral moxifloxacin at 500 µg/ml for prophylactic use.

LIVE POSTER PRESENTATIONS

Electronic Posters will be judged in the following four categories: cataract, keratorefractive, cornea, and supplementary (pediatric, glaucoma, retina, and other). Winning posters will be invited for a live presentation in sessions moderated by the Poster Judges.

Eligibility

All accepted poster submissions must meet these 4 requirements to be eligible for poster judging:

- The final approved title appears on the electronic poster, including all edits provided within acceptance notification.
- Disclosure of relevant financial interests (or lack thereof) appears on either the title slide or the slide immediately following it.
- Submitted electronic poster is no more than 12 PowerPoint slides.
- Meets the electronic poster upload deadline requirement, March 8.

Judging Criteria

- Applicability/educational value
- Originality
- Scientific content/validity
- Clarity

ELECTRONIC FORMAT FOR ACCEPTED POSTERS

- Electronic Posters must be uploaded as PowerPoint Files (.PPT or .PPTX, only). Maximum of 12 PowerPoint Slides (file size of 50 MB)
- Any combination of PowerPoint slides with images, tables, and text accepted.
- Videos and/or animation cannot be embedded in the PowerPoint file.
- An additional file upload containing supporting multimedia file is available (Limit: 1 file; 50 MB max)
- PowerPoint file should not be password protected.
- Do not submit the poster as a single slide.
- Title slide must include financial interest statement, or lack thereof, for all authors listed on the abstract.
-

CHECKLIST

- ✓ Lead author must complete the Financial Interest Disclosure before submitting.
- ✓ Notify all coauthors that they must complete the Financial Interest Disclosure by the October 17 deadline.
- ✓ Confirm the valid e-mail address of each coauthor before starting the online submission process.
- ✓ Check that title does not include product/trade names and is in the proper format.
- ✓ Confirm that abstract includes 4 required sections: purpose, methods, results, conclusion.

The 37th ASCRS Film Festival will be held during the ASCRS 2019 Annual Meeting. Winning films are showcased at the annual meeting during the Film Festival Ceremony. Submitted films are judged and awards are given to the top films in each category with an overall grand prize winner. In addition, all submitted films are available to view in the Poster Pavilion at the film and poster kiosks during the annual meeting and on the ASCRS website, year-round. Award winning films may also be celebrated for their innovation and educational value throughout the year in ASCRS publications, ASCRS social networking sites, the ASCRS Center for Learning and at other important ophthalmology meetings around the world.

Contact Information for films: Michelle Martin, mmartin@ascrs.org

KEY DATES FOR FILM SUBMISSIONS:

- October 17, 2018 (Wednesday) at 11:59 p.m. (Pacific Time): Title and synopsis deadline
- October 17, 2018: Financial Interest Statement deadline for producers and co-producers
- December 10, 2018: Submission acceptance notification with edited titles emailed to producer
- December 19, 2018–February 19, 2019: Deadline for physical film upload
- May 6, 2019: Film Festival Awards Reception and Ceremony

PEER REVIEW AND ACCEPTANCE OF SUBMISSION

- Film submission synopses will be peer reviewed by the ASCRS program committee and appropriate clinical committee for content and scientific integrity
- Accepted films will be scored by a panel of judges
- Submissions by non-MDs will be reviewed in the context of the presenter's training and education

NUMBER OF FILM SUBMISSIONS ALLOWED PER PERSON

- 1 as first producer
- 2 additional film submissions as co-producer, for a total of 3 film submissions

PRESENTATION OF FILM

- Film producer must attend the ASCRS Film Festival Awards Ceremony
- Special circumstances may arise; the producer must send a substitute in their place that is not a member of industry; and the substitute will accept, on stage, any award/s that may be given to the film producer
- Send the name of the substitute to the Film Festival Coordinator, Michelle Martin, mmartin@ascrs.org

INSTRUCTIONS IN ORDER OF COMPLETION

Responsibilities of the Lead Producer

- Complete the Faculty CME Review and Financial Interest Statement
- To add co-producers, notify them to create an account at <http://annualmeeting.ascrs.org/financial-interest-disclosure> and submit their Financial Interest Statement.
- Co-producers who have not submitted their financial interest will not be included in the final program.
- Your submission will not be reviewed for acceptance until you have completed all the steps

Film Submission Categories

- Cataract Complications
- Cataract/Implant Surgery
- Glaucoma Surgery
- In-House Productions: —A video produced by the author independent of financial or technical resources provided by a professional entity.
- Instruments and Devices/IOLs
- New Producer/Young Physician: —Combined category that includes the New Producer of any age and the Young Physician. New Producers can submit in this category if this is their 1st or 2nd film as the lead producer and they have not won in a society film festival as the lead producer. A Young Physician producer is in their first 5 years of practice and has not won in a society film festival as the lead producer.
- New Techniques
- Quality Teaching
- Refractive/Cornea Surgery
- Special Interest—Videos that don't easily fit into the other categories because of their unusual subject matter or unique approach

Title and Synopsis

- The title should accurately and concisely reflect the submission content
- Product/trade names should not be used in the title and will be edited out; generic descriptors are required
- The title should not be formulated as a question or statement (i.e., should not include a verb).
- Title should follow title case rules and may be edited by ASCRS editorial staff (do not enter the title in all CAPS).
- Title limit: 140 characters, including spaces and punctuation
- Synopsis: The synopsis should provide a brief overview of your film.
- Synopsis limit: 400 characters, including spaces and punctuation

SAMPLE FILM SYNOPSIS

Title: Violet Light as a Superhero Against Myopia Pandemic

Authors: Hidemasa Torii, MD, PhD (Presenting Author)

Category: Special Interest

Synopsis: Myopia is a pandemic and the world's myopic population will be about 5 billion in 2050. We found that violet light (VL, 360-400 nm wavelength) had a suppressive effect against adult high myopia which could be sight-threatening (Torii. Sci Rep. in press), as well as school-aged myopia (Torii. EBioMedicine. 2017). We believe that the therapeutic use of VL will reverse the pandemic trend of myopia.

VIDEO AND TECHNICAL INSTRUCTIONS

Eligibility: All film submissions must meet the following 4 requirements to be eligible for Film Festival judging:

- 8 minutes maximum, including opening and closing credits and financial interest statement
- Opening credits include financial interest statement shown on the 1st or 2nd slide, as relevant to your film. If no financial interest, this must be stated on a slide, e.g. "The authors have no financial interest in this presentation".
- The approved and edited title should appear in the opening credits as shown in your email acceptance letter
- English narration (title, subtitle, and soundtrack) is required

Film Specifications:

- Standard definition (720 x 480 resolution) or high definition (1,280 x 720 resolution)
- Audio tracks should be in Dolby digital format
- Film must conform to the NTSC standard (29.97 frames per second)
- PAL formats will not be accepted
- Color bars and/or countdown graphics should not be included in the lead-in of the film

Film Format

All formats must be encoded into one of the formats below for acceptance:

1. HD (High Definition) 720p format (1280 x 720 resolution at 29.97, 24, 25, 30 or 60 fps) [best balance of quality and file size].
2. HD 1080p format (1920 x 1080 resolution at 29.97, 24, 25, 30 or 60 fps) [best quality but very large file size]. HD video should be encoded with H.264 or MPEG-4 codecs.
3. SD (Standard Definition) 480p format (720 x 480 resolution at 29.97, 24, 25 or 30 fps). SD video may be encoded with H.264, MPEG-4 or MPEG-2 codecs.
4. Apple users: Do not submit your video in AIC format. Your .mov files should contain H.264 or MPEG4 formatted video before submission to ASCRS.

And,

- Audio tracks should be stereo, in Dolby digital format (AC-3 or AAC)
- DVD submissions should conform to the NTSC standard (29.97 frames per second)
- PAL formats will not be accepted
- Color bars and/or countdown graphics should not be included in the lead-in of the film.

ELEMENTS OF THE FILM AND HELPFUL HINTS

- Aim for the highest possible cinematic quality. Play your film on a different device to make sure that the film and audio are of the highest quality.
- Review and proofread your film for errors before you submit it.
- The microphone should be of high quality. Avoid “Popping P’s” and echo chamber effects.
- The font size and style should be legible and large enough to prevent eye strain. Avoid a busy screen.
- Tell a story with an introduction/background; a study or demonstration; and a conclusion. Include data to support any claims.
- Original ideas and investigations are especially noted for merit.
- Sound: remember that all presentations must have English titling, subtitling, or soundtrack and must be understandable to an English-speaking person. The producer should consider a narrator if English pronunciation is a difficulty.
- Music can be an important element in the film. If you use background music, it should not overpower the narration or distract the viewer from the film content. Music with lyrics can be very distracting.
- The film should exhibit movement, animation, and demonstration. The film should not be a filmed slideshow. A list or outline can be helpful but should not be a substantial part of the presentation.
- Avoid long gaps without voice narration so the viewer does not lose concentration as well as context.
- The film should be shown on screen as seen by the surgeon. Images of the eye and eye surgery should fill most of the screen. Surgical maneuvers are not well demonstrated when the eye occupies less than 50% of the screen.
- Avoid multiple images on the screen such as four simultaneous surgical demonstrations, busy animations, and hyperactive graphics.
- Graphics, schematic illustrations and animations should clarify points. They should not be exhibitions of technowizardry.
- It is important to acknowledge prior investigators and contributors. Historical attribution shows a proper respect for pioneers in our field.
- Appropriate Content: comedy and humor may be appropriate but avoid all potentially offensive material—especially racial, sexual, and religious “humor”. Films which are deemed to be offensive by the panel of judges because of racial, sexual or religious content will be disqualified. The decision of the judges is final.

FILM JUDGING CRITERIA

- Applicability/educational value
- Originality
- Scientific content/validity
- Clarity
- Cinematic quality (audio, editing, technical)
- Artistic effects (music, graphic, lighting, animation, talent, effects)

SUBMITTING YOUR VIDEO

- Proof your video carefully before uploading, the first video uploaded will be your submission
- A web link to upload films online to ASCRS will be provided on December 19, 2018

The American Society of Ophthalmic Administrators (ASOA) strives to provide the highest quality continuing education to administrators and the ophthalmic community. ASOA welcomes course submissions that promote this goal and meet the educational needs of attendees. Presenting at the Annual Meeting provides national recognition and exposure as well as the opportunity to share concerns and ideas with colleagues.

ASOA gives strong preference to submissions from its members and to material that has not been presented elsewhere. Course submissions are **limited to eight (as the lead instructor)** per consulting company.

Unless otherwise approved, all courses will be 60 minutes in length. If more time is needed, please enter the course twice as parts one and two. Course evaluations are completed by all attendees and reviewed by the ASOA Board of Directors, ASOA Program Committee, and ASOA staff. Instructors must arrive on time and end at the designated time. If an instructor fails to appear for a presentation without notifying ASOA in advance, or has not provided the required handout, he/she may not be eligible to submit for the following Annual Meeting.

CE CREDIT FOR SPEAKERS

ASOA designates this activity for a maximum of 18 COE Category C credits. Individuals should only claim credit commensurate with the extent of their participation in the activity.

KNOW YOUR AUDIENCE

Although ASOA Annual Meeting attendees are primarily ophthalmic administrators and practice managers, the audience may include attendees from other professional backgrounds including ophthalmologists, optometrists, technicians, nurses, and staff involved in marketing, human resources, accounting/billing, and front-desk operations.

ROOM SETUP AND AUDIO VISUAL

All session rooms will be set with theater-style seating, a head table with 4 chairs, and with the following AV equipment provided: wired microphones for the podium and table, one clip on lavalier microphone, wireless slide advancer, LCD projector, screen, and laptop computer. Submitters must contact ASOA and request any changes to the stated set up, including additional head table seating, wireless microphones, or flipcharts.

FINANCIAL INTEREST

All instructors and faculty members must provide full financial interest disclosure to submit courses for consideration. See page 5 for details.

PRACTICE MANAGEMENT TRACKS

The Annual Meeting is organized by functional tracks. Each track corresponds to a position or common division of responsibilities within an ophthalmic practice. When completing the course submission, please identify the appropriate track.

- Advanced Administrator
- Business Management
- Coding & Billing
- EHR & Health Information Technology
- Human Resources
- Leadership & Strategic Management
- Marketing & Business Development
- Risk Management and Compliance
- Sub-Specialties (Ambulatory Surgery Center, Optical, Retina, Cosmetics, Hearing, etc.)

COURSE LEVEL

Indicate if the course material is introductory or experienced.

Please read the following instructions carefully before completing the submission.

Title (limited to 10 words)

The title should concisely reflect the content of the course. For CME purposes, product/trade names cannot be used in the title. Generic descriptors are required. Titles with product/trade names may be rejected. Titles should follow title case rules and may be edited by ASOA staff.

Course Description (limited to 50 words)

The course description will be used in the final program (subject to editing) and will be the basis on which attendees select their sessions. Keep the reader in mind and explain the content of the course and what the audience will learn. Begin your course description with the words "Course will..."

Learning Objectives

Together with the description, the learning objective will be used by the Program Committee to review and rate the submission. Please provide two to three specific objectives that define what the attendee can expect to learn from the course. Well-written objectives are action-oriented and can be observed and measured. Learning objectives should NOT be a re-statement of your course description, but should add new information to enhance the Program Committee's understanding of your planned presentation.

Learning objectives should serve as a completion to the sentence “At the end of this course, attendees will be able to...”

Example of poorly worded objectives:

- To teach a course about practice marketing and competition
- To understand managed competition

Example of appropriately worded objectives:

At the end of this course, attendees will be able to:

- Define managed competition
- Design a basic practice marketing plan

SAMPLE COURSE DESCRIPTION AND LEARNING OBJECTIVES

Title: Compliance Dilemmas

Instructors: Alan E. Reider, MPH, JD; Donna M. McCune, CCS-P, COE, CPMA

Course Description: This course will present a series of case studies examining compliance issues and the potential attention paid to them. Instructors will present an interactive session designed to assist administrators with the challenge of staying current with changing regulations.

Learning Objectives: At the end of this course, attendees will be able to:

- Identify possible reimbursement issues under scrutiny
- Develop a plan to evaluate and correct problems
- Discuss the legal approach to cope with compliance issues

SCHEDULING

Programming is scheduled in one-hour segments. If your course requires more than 60 minutes, you should submit two sessions and give your presentation as parts one and two. By your submission you are agreeing to be available to present at any time during the Annual Meeting.

EXPENSES

Presenters working in the field of ophthalmology must register and pay to attend the Annual Meeting. All travel and hotel expenses are the responsibility of the presenter. As submitter, you are responsible to communicate all requirements and deadlines to co-presenters.

HANDOUTS

If your course is accepted, you will be required to submit an electronic version of your handout no later than April 15, 2019. Handouts will be available online and in the conference app. Instructions and information about the format for course handouts will be included in the presentation acceptance letter. The handouts must be received by the deadline or the instructor assumes responsibility for providing copies onsite. Failure to provide a handout will impact the course evaluation and may be cause for non-acceptance of future submissions.

CHECKLIST

- ✓ Notify all faculty members that they must complete the Financial Interest Disclosure and Faculty CME Review by October 17, 2018. Faculty cannot be added to the course submission until the disclosures are completed.
- ✓ Confirm the valid e-mail address of each faculty member before starting the online submission process.
- ✓ Confirm that the title is entered in title case, is 10 words or less, and does not include product/trade names.
- ✓ Confirm that the learning objectives are formatted correctly.
- ✓ Contact ASOA to request any changes to the stated room and AV setup by the deadline noted in the presentation acceptance letter.

DEADLINE FOR SUBMISSION AND RECEIPT OF PHOTOGRAPH: JANUARY 11, 2019

ASCRS and the Ophthalmic Photographers' Society (OPS) co-sponsor a call for photo submissions of high-quality ophthalmic images demonstrating superior imaging techniques to be selected for the OPS exhibit at the ASCRS Annual Meeting. OPS represents members who perform imaging of all structures of the eye using highly specialized equipment in order to increase the level of patient care and help to advance the science and practice of ophthalmology. The photo selection process is judged by ophthalmologists and OPS member photographers. Acceptance of a photograph(s) for the exhibit is highly selective. You do not have to be an OPS member or register to submit photo entries. Meeting registration is required if you are planning on attending the ASCRS·ASOA Annual Meeting in San Diego.

ONLINE PREPARATION AND SUBMISSION

1. Online submission is open from August 29, 2018 to January 11, 2019.
2. Go to <http://annualmeeting.ascrs.org/submissions> to submit a photograph entry. It is important to use a valid e-mail as all correspondence regarding the entry will be sent to this e-mail address. Please read the following instructions carefully before submitting. All information must be provided or the submission will not be considered for judging.

CATEGORIES

- Clinical Setting Photography
- Composite
- Corneal Endothelial Photography
- Cross Categories
- External Photography
- Fluorescein Angiography
- Fundus Photography, High Magnification, 20°
- Fundus Photography, Normal, 30°– 40°
- Fundus Photography, Wide Angle, 45°+
- Gonio Photography
- Gross Specimen Photography
- ICG Angiogram
- Instrumentation Photography
- Monochromatic Photography
- Optical Coherence Tomography
- Photo/Electron Micrography
- Slitlamp Photography
- Special Effects Photography
- Surgical Photography
- The Eye as Art
- Ultra-Widefield Imaging

Note: If you wish to submit an iris angiogram, please submit it in the "Fluorescein Angiography" category. Images of anterior segment lesions stained with fluorescein dye (HSV, abrasions, etc.) should be submitted in the "Slitlamp Photography" category. If you have a single retinal image with a field of view greater than 60 degrees, including color imaging, IVFA, ICG, FAF, etc., please use the Ultra-Widefield Imaging category.

JUDGING PANEL

A panel of judges will review entries. The judges will be composed of ASCRS ophthalmologists and OPS member photographers. Judges may not submit entries. The judges reserve the right to reassign images to different categories.

WINNING PHOTOGRAPHS

Winners will be listed in the final program and displayed in the OPS exhibit at the ASCRS Annual Meeting. . First, second, third, and honorable mention photographs will be selected. Additionally, an overall Best in Show winner will be selected.

ELIGIBILITY

Photographs that have not been displayed in previous OPS exhibits are eligible for entry.

RELEASES

Photographs revealing patient identity must be accompanied by a typewritten, signed, and witnessed photographic release. Photographs received without a release will be rendered ineligible.

NUMBER OF ENTRIES

Individuals can submit up to 3 entries per category. A single entry can consist of more than 1 photograph (e.g., 4 photographs from the same angiogram, progression studies). Extra photographs will be arbitrarily eliminated.

QUALITY OF ENTRIES

Images that have obvious defects (e.g., poor focus, color imbalance, improper exposure, or significant artifacts) will not be accepted for judging. If masking reduces the artifacts, it is recommended that it be used. Recent work is encouraged.

FORMAT

An 8 X 10" (20.0 cm X 25.5 cm) or 11X 14" (28.0 cm X 35.5 cm) format is encouraged. Photographs in other sizes will be accepted if they can be mounted on an 11"X 14" (28.0 cm X 35.5 cm) or 16" X18" (40.5 cm X 46.0 cm) display board and still maintain an aesthetic appearance.

Multiple photographic entries are acceptable in the following size combinations only:

Two 8" X 10" 20.0 cm X 25.5 cm

Two-four 5" X 7" 12.5 cm X 17.5 cm

Two-six 4" X 5" 10.0 cm X 12.5 cm

Photomontages (multiple photographs affixed to each other) will not be accepted. A montage must be re-photographed/digitized, printed, and submitted as a single photograph.

MOUNTING

Mounted photographs will not be accepted. Photographs accepted for display will be mounted at ASCRS' expense. Mounting will be determined by ASCRS. All photographs will be trimmed slightly.

IDENTIFICATION

Make sure you label your submissions carefully. (Please, no labels on the backs of prints). Please do not use correction fluid. Photographs should be identified on the back, top-center, with a felt-tipped pen. Please print legibly and label the back, top-center, of each photograph with the following information exactly as it appears on the submission.

EXAMPLE

Full Name: James Gilman, CRA, FOPS
Practice or Institution: Moran Eye Center
City, State, Country: Salt Lake City, UT, USA

Print Title or Diagnosis: Capillary Canopy

Division Category: The Eye As Art

- Clinical photographs must be titled with diagnosis. The terms normal, probable, or unknown are acceptable.
- Entries will not be judged on the basis of an accurate diagnosis.
- Monochromatic photographs must be labeled with the wavelength used.
- Multiple photograph entries should indicate the intended order.
- Gross specimen photographs should include final magnification with identification or contain a metric scale.
- Photomicrographs must contain information on lighting or type of micrography (polarized, phase contrast, scanning electron, etc.) and the final photograph magnification.

MAILING INSTRUCTIONS

All photographs should be mailed to:

ASCRS OPS Submissions
4000 Legato Road, Suite 700
Fairfax, VA 22033, USA

Tele: (703) 591-2220

Please package your entries carefully. All photographs must be entered online and received at the ASCRS office by January 11, 2019. Photographs received after this date run the risk of not being processed in time for judging.

RETURN OF ENTRIES AND LIABILITY

Photographs will not be returned unless this is specifically requested. The request must accompany your printed photograph when you ship your prints to ASCRS. ONLY requested returns will be shipped back within 3 months of the ASCRS Annual Meeting. Every attempt will be made to protect the entries. ASCRS, OPS and the judging panel do not accept responsibility for loss or damage to entries.

CHECKLIST

- ✓ Include full name, degrees (limit 2), address, phone, and e-mail address on submission.
- ✓ Enter your photo submissions online <http://annualmeeting.ascrs.org/submissions> in addition to mailing the prints.