



6th Annual Seminar on Minimally Invasive & Robotic Gynecologic Surgery

Dec. 11-12, 2014
The Roosevelt Hotel

To submit a surgical film for consideration, please complete this form and mail it, along with two (2) non-returnable copies of your film in DVD format, to the address listed below. Please label all DVDs with the title and primary author's name. All submissions must be received at SGO by **Monday, August 25, 2014, 5:00 p.m. (Central time)** for consideration.

This is an electronic form. Please type your information in the fields below.

MAIL SUBMISSIONS TO:

Society of Gynecologic Oncology
Education Department
230 W. Monroe, Suite 710
Chicago, IL 60606
Ph: 312-235-4060
Email: education@sgo.org

1. TITLE

Title of submission:

2. FILM INFORMATION

Exact Length:

10 minutes maximum length

Topic:

☐ Laparoscopic Surgery ☐ Open Surgery ☐ Robotic Surgery ☐ Other

3. NARRATIVE

Please insert a narrative of your program (**maximum of 50 words**) in the area below. Films submitted without this information will not be considered.

4. PRIMARY AUTHOR SIGNATURE RELEASE

Primary Author Name

Phone

Affiliation

E-mail

Electronic Signature

Date

*I hereby agree to the terms and conditions as listed

5. CORRESPONDING AUTHOR(s) (please list all authors; attach a typed list of authors if necessary)

Name: last, first, middle initial, academic degree(s):

Affiliation:

Address:

City, State and Zip Code:

(or equivalent and country, if outside USA)

Phone: Fax: E-mail*:

* Your e-mail address is required for notification purposes.

6. Financial Disclosure


In order to assure the highest quality of continuing medical education (CME) programming, SGO requires individuals (including their spouse/life partner) who have the opportunity to affect the content of a CME activity to disclose any financial relationship(s) with a commercial interest. Note: This is mandatory to participate in the CME activity. Disclosures are made in written form prior to the start of the CME activity and communicated, in writing and verbally, to the learner. All financial relationships will be resolved prior to the start of the activity through the SGO Conflict of Interest Resolution Policy.

A Financial Relationship exists when an individual (or their spouse/life partner) benefits from a relationship with a commercial interest by receiving a financial benefit, including, but not limited to the selections below. Any Financial Relationship which has occurred within the past twelve months must be disclosed.

Within the past twelve months, have you or your spouse/partner had a relevant financial relationship with a commercial entity producing health care goods and/or services, with the exception of non-profit or government organizations and non-health care related companies? *

☒ Yes ☒ No

You must disclose the names of the organizations with which you have this relationship, the nature of your relationship, and the clinical or research area involved.

Company: <input type="text"/>	Relationship Type:	Content Area (if applicable): <input type="text"/>	Delete: 
	<input type="checkbox"/> a. Board Membership <input type="checkbox"/> b. Consulting <input type="checkbox"/> c. Grant <input type="checkbox"/> d. Honoraria/Reimbursement <input type="checkbox"/> e. Speakers' Bureau(s) <input type="checkbox"/> f. Stockholder/Shareholder <input type="checkbox"/> g. Other (please list) <input type="text"/>		

☐ I have read and fully understand the [regulations](#). I agree to act in accordance within these regulations. *

☐ I have read and fully understand the potential repercussion(s) of violating the *SGO/ACCME Accreditation Presenter Guidelines*, per the [Biased Presentation Policy](#). *

☐ At the discretion of the SGO Education Committee, accepted abstracts may be utilized and/or repackaged for educational purposes. Syllabus materials will also be used to prepare materials for use before, during, and after the 2014 MIRGS Meeting. If your abstract is accepted for presentation in any format for the 2014 MIRGS Meeting, this submission grants permission to SGO and release on behalf of the presenting author and supporting authors and institutions to allow SGO to record, potentially post, and sell this content as educational materials on SGO Connect Ed and other SGO sites. If you refuse to sign this agreement, then your presentation will be omitted from the Meeting Webcast and/or will not be included on SGO Connect Ed. SGO retains the right to reproduce any and all aspects of the presentation and to distribute it in all forms and media. *

Agree Disagree

- | | | |
|---|---|--|
| ● | ● | On this form I have disclosed all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in print. |
| ● | ● | The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. |
| ● | ● | Content for this activity, including any presentation of therapeutic options, will be well balanced, unbiased, and to the extent possible, evidence-based. Opinions that are not supported by evidence, or are supported by limited or preliminary evidence will be so identified. |
| ● | ● | I have not and will not accept any honoraria, additional payments or reimbursements for this CME activity beyond that which has been agreed upon directly with the course director/SGO. |

Agree Disagree N/A

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| ● | ● | ● | If I am presenting at a live event, I understand that a CME monitor may be attending the event to ensure that my presentation is educational, and not promotional, in nature. If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research I refer to, report, or use in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis. |
| ● | ● | ● | For any drug/product discussed, the data must be objectively selected and presented, both favorable and unfavorable information about the drug/product must be fairly presented, and I will include information about reasonable alternative treatment options. Where there is a suggestion of superiority of one drug/product over another, this suggestion needs to be supported by evidence-based data. |
| ● | ● | ● | If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company. |
| ● | ● | ● | If I am discussing any drug/product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA. |
| ● | ● | ● | If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity. |
| ● | ● | ● | If I am presenting research funded by a commercial company the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company. |

Required Signature (First and Last Name): *