



## ICORS 2019 WORKSHOP APPLICATION

2<sup>nd</sup> International Combined Meeting of Orthopaedic Research Societies  
19-22 June 2019 – Montreal, Canada

### Please read carefully before completing the application for a Workshop

#### Definition

- A Workshop is a 60min or 90min **tutorial-type** session on one topic including ample discussion with 2-4 speakers plus a session organizer.
- Submission is via email to [workshop@canorth.org](mailto:workshop@canorth.org) using this completed form.
- Workshop submission closes 1 Sept. 2018.
- Notification of acceptance is within 4-6 weeks after submission deadline.

#### Organizers/Speakers

- Workshop organizer must be an **active member** of an Orthopaedic Research Society within the ICORS network.
- A Symposium may have two organizers.
- A Symposium may have 2-4 speakers.
- No honorariums will be paid to the organizers or speakers.
- Organizers and speakers must register for ICORS 2019 congress.
- Provide complete mailing address, phone and email address for all speakers and organizers.

#### Organizer Responsibilities

- Obtain agreements to participate & register from all speakers prior to submitting application.
- Collect handouts from all speakers and submit final handout to ICORS by 1 October 2018.
- Follow up with speakers to register within 2 weeks after notification of acceptance (November 2018) and to complete Financial Disclosure.

#### Organizer on-site responsibilities

- Introduce each speaker and state his or her credentials.
- Allow and actively moderate lively discussion.

#### Handouts

- Handouts are the collection of 1-3 page abstract-style summaries (min 250 words) per speaker to advertise the workshop online, guide the audience and provide related references.
- Handouts are **required** for accepted workshop. Deadline to submit final handout is 1 February 2019
- It is extremely important that organizer submit the handout by the due date. Handouts will be peer-reviewed before being placed on the ICORS website and App.
- Handouts will be submitted by email and then then placed on the ICORS website and App.
- Handouts will not be printed or distributed to attendees on-site.

#### DEADLINE FOR SUBMITTING APPLICATIONS

Sept. 1 2018 by email to [workshop@canorth.org](mailto:workshop@canorth.org)



**Hosted by:** Canadian Orthopaedic Research Society **CORS**

Dr. Paul E. Beaulé, University of Ottawa 2019 President, Canadian Orthopaedic Research Society (CORS)

Dr. Fackson Mwale, McGill University 2019 ICORS Program Chair

Dr. John Antoniou, McGill University 2019 President, Canadian Orthopaedic Association (COA)

**Organizing Committee members:**

Asean Orthopaedic Research Society

Australian/New Zealand Orthopaedic Research Society

British Orthopaedic Research Society

Chinese Orthopaedic Association

European Orthopaedic Research Society

Japanese Orthopaedic Association

Korean Orthopaedic Research Society  
Orthopaedic Research Society

Taiwanese Orthopaedic Research Society

AO Foundation

International Chinese Musculoskeletal  
Research Society



## **WORKSHOP APPLICATION**

2<sup>nd</sup> International Combined Meeting of Orthopaedic Research Societies  
19-22 June 2019 – Montreal, Canada

**Deadline Date –1 Sept. 2018**

**SLOT:**  60min  90min  60 or 90min

**TITLE:**

Workshop should be tutorial in nature.

**SIGNIFICANCE AND PURPOSE** (this paragraph will be used for descriptive purposes in the ICORS meeting announcements):

**ABSTRACT (min 250 words, max. 1 page):**



ICORS Workshop Application Page Two

**NAME OF ORGANIZER:**

*(Must be an Active Member of an Orthopaedic Research Society within the ICORS network)*

Address

City /Zip

Phone

EMAIL

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**NAME OF CO-ORGANIZER: (if applicable)**

*(Must be an Active Member of an Orthopaedic Research Society within the ICORS network)*

Address

City/Zip

Phone

EMAIL

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**SPEAKER 1:**

Address

City/Zip

Phone

EMAIL

ICORS Member\*?  Yes  No

**Title of Presentation:**

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**SPEAKER 2:**

Address

City/Zip

Phone

EMAIL

ICORS Member\*?  Yes  No

**Title of Presentation:**

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**SPEAKER 3:**

Address

CityZip

Phone

EMAIL

ICORS Member\*?  Yes  No

**Title of Presentation:**

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**SPEAKER 4:**

Address

CityZip

Phone

EMAIL

ICORS Member\*?  Yes  No

**Title of Presentation:**



**Please ensure that all speakers have agreed to participate in this symposium & register for ICORS 2019.**

**Email application to [workshop@canorth.org](mailto:workshop@canorth.org) by 1 Sept. 2018**

**Organizing Secretariat:** Doug Thomson, [doug@canorth.org](mailto:doug@canorth.org) 1-514-874-9003 x5

*\*Member in an orthopaedic Research Society of the CORS network*