

Call for Abstracts Form

Food and Nutrition Conference & Expo®

Submission period: January 1 - February 16; late-breaking May 1 - 31.

New Abstract

Abstract Title* (30 words/200 characters max)

Abstract Type* (Refer to the [Posters Sessions webpage](#) for more information about abstract type)

- ☐ Research
- ☐ Project or Program
- ☐ Future Practice

Learning Objective*

Provide a learning objective that is clear, measurable and achievable.

Complete the sentence, 'Upon completion of reviewing the abstract content, attendees will be able to...' Use action words to begin this learning objective, such as list, describe, define, demonstrate, conduct, etc. (30 words maximum)

Abstract

Topic* (Choose two)

- ☐ Business, Industry and Product Development and Marketing
- ☐ Clinical Care
- ☐ Communications
- ☐ Community, Population and Global Health
- ☐ Critical Thinking and Decision Making
- ☐ Education and Counseling
- ☐ Ethics and Professionalism
- ☐ Food, Nutrition and Dietetics and Physical Activity
- ☐ Foodservice Systems Management
- ☐ Informatics
- ☐ Leadership and Advocacy
- ☐ Organization Management
- ☐ Quality Management
- ☐ Research and Scholarship

Abstract* (Maximum 250 words. Suggested research abstract format: Background, Methods, Results, Conclusion)

Funding Source

List if corporate, private, grant, etc. Be specific. If no funding was received, please write "None."

Abstract Authors

Presenting Author*

If accepted, the presenting author will receive all future communications regarding next steps.

First Name

Last Name

Credentials

Position

Employer/University

Phone

Email Address*

Tip! Consider adding a personal email address in case of changes to employment or school.

Co-Author(s)*

If accepted, the presenting author will receive all future communications regarding next steps.

First Name

Last Name

Credentials

Position

Employer/University

Phone

Email Address

Additional Details

This section will appear if "Future Practice" was selected as "Abstract Type" when creating a new abstract.

1. What future trend or driver of change is the focus of your abstract and what is your justification for selecting this as a topic of future trend/change driver?*
2. What is the potential of the new idea, method, or tool described to advance future practice, education, and/or research in responding to the change driver or future trend? Please include the scalability, adaptability, and transferability to other settings?*
3. How do you think this information will affect future practice?*

Disclosures

Each author is required to submit a Conflict-of-Interest Disclosure. Each author can enter the portal to fill out this section.

You can access each author's form by clicking on their name.

In addition, the envelope icon next to each name will create an automatic email to that speaker inviting them to complete the form.

1. In the past 24 months, have you (or an immediate family member) had a financial relationship with a commercial organization that produces, markets, re-sells or distributes health care goods or services consumed by, or used on, patients? If so, click the 'Add a financial relationship' link below.

I (or my spouse/partner) do not have any potential conflicts of interest to disclose.

I (or my spouse/partner) do have potential conflicts of interest to disclose.

2. Financial Relationships (add a financial relationship if applicable)

Company Name

Individual(s) Involved

- ☐ Self
- ☐ Spouse/Partner
- ☐ Both myself and my spouse/partner

Type of Financial Relationship *(check all that apply)*

- ☐ Grant/Research Support
- ☐ Consultant
- ☐ Stock Shareholder (excluding mutual funds)
- ☐ Honorarium
- ☐ Other Financial or Material Support
- ☐ Other Research Support
- ☐ Advisory Board

Status of Financial Relationship: *ongoing or terminated*

Date Financial Relationship Ended:

3. Presentation Bias

If you reported relationship(s) above with a commercial organization that produces health care products or services. Does the educational content (over which you have control) involve the products or services of the commercial organization? *

- ☐ Yes
- ☐ No
- ☐ N/A

4. Attestation

I certify that the information I have provided is complete to the best of my knowledge and I accept responsibility for the accuracy of the information in response to the aforementioned questions.

Sign Name

By signing this box with my electronic signature, I attest that all information above is true and correct. *

*indicates required field

Scientific Integrity Principles

Professional education, including Date Financial Relationship Ended: posters presented at FNCE®, are considered scientific activities by the Academy of Nutrition and Dietetics and are therefore expected to adhere to the [Academy's Scientific Integrity Principles](#), which include:

Ethical conduct of research and protection of human subjects

Funders' influence on research question/methodology/education content and conflicts of interest

Review of research-related materials

Maintain and promote a culture of scientific integrity

- ☐ I attest that the project/research described in this abstract and any resulting poster presentation (if accepted) adheres to the Academy's Scientific Integrity Principles.

Please indicate your agreement by typing in your full name above.

Upon completion of your abstract submission, select "Save" and then "Submit" when ready.