**Abstract Submission Form**

[email completed form to gordonli@stanford.edu]

**What is your level of training?**

☐ Resident (all resident abstracts will be considered for the resident awards)

**☐** Fellow

☐ Attending/Faculty/WNS Member

**Presenter email address:**

**Presenter phone number:**

**Are you a member or guest of the Western Neurosurgical Society?**

☐ Member

☐ Guest. Who is your member sponsor? \_\_\_\_\_\_\_\_(Residents, list your faculty sponsor.)

*Please complete the abstract information below. Authors may provide one supplementary figure or table to accompany the abstract text. Save the document in Microsoft Word format prior to sending to Dr. Li.*

**Abstract Title:**

**Presenting Author Name, Degree, and Affiliation:**

**Co-Author Names and Degrees:**

**Abstract Text**—use **Abstract Text Form** on Web site (limit 300 words, single-spaced):

[Format: *Introduction, Methods, Results, Conclusions*]