On behalf of the Executive and Program Committees of the Eastern Neuroradiological Society, I am delighted to announce that we are now accepting abstracts for the 31st Annual Meeting of the ENRS at the New York Marriott at the Brooklyn Bridge in Brooklyn, New York, from August 22 - 25, 2019.

Abstracts will be accepted for oral presentation in 2 categories: (1) Scientific Oral Presentation or (2) Excerpta Extraordinaire (brief presentation of interesting, educational case reports). Submissions are welcome in all major categories in Neuroradiology including disorders of the brain, spine, head and neck, pediatrics, interventional neuroradiology, and technical abstracts.

The deadline for abstract submissions is midnight, EST on June 5, 2019. Authors will be notified of the program committee's decision by mid-June. Authors of accepted abstracts are expected to register for the meeting and pay the meeting registration fee.

Interested candidates should submit abstract(s) accompanied by a completed abstract submission form electronically to Laurent Letourneau-Guillon MD, MSc at laurent.letourneau-guillon.1@umontreal.ca

Instructions for abstract preparation

Scientific Oral Presentations

Original Research
Duration: 6-10 minutes in length
Required Abstract Format: Background and Purpose, Materials and Methods, Results and Conclusions

Excerpta Extraordinaire

Interesting, Educational Case Reports
Duration: 3 minutes in length
Required Abstract Format: Purpose, Case Report, Imaging Findings, and Take-Home Message

Accepted abstracts presented at the conference will be eligible for ENRS Best Paper Awards:

- Norman E. Leeds Award - Best Scientific Paper
- The Stephen A. Kieffer Award for Best Mentored Paper (trainee award)
- Robert D. Zimmerman Award for Best Poster
Please submit the abstract along with the completed abstract submission form below:

Category: Scientific Paper ________  Excerpta Extraordinaire ________
Subcategory 1: Adult _______  Pediatrics _______
Subcategory 2: Brain _______  Spine _______  H&N _______  Interventional Neuroradiology _______  Technical _______

Abstract Title ____________________________________________________________

Presented By ____________________________________________________________

Author(s) ______________________________________________________________

Audio/Visual Equipment Needed ____________________________________________

Other Equipment Needed __________________________________________________

Your Name

______________________________________________________________

Institution

______________________________________________________________

Address

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City __________________________ State/Province __________ Postal Code __________

Phone __________________________ Fax __________________________

Email

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