**2016 ORS/OTA Workshop Application - Deadline May 15, 2015**

**Instructions**

The goal of the workshop should be to inform ORS attendees about clinically relevant topics with critical research needs and knowledge gaps that, if addressed, could lead to significant advances in orthopaedic care. The previous combined workshop by Dr. McKinley was “Investigating Polytrauma and Orthopaedic Injuries with Animal Models”.

**Requirements** for the combined workshop are that organizer and co-organizer must be ORS members- it is not absolutely necessary for every workshop speaker to be an ORS member. Each workshop can have 2-3 speakers.

The OTA Basic Science Committee will review applications and choose the best application to submit to the ORS on behalf of the OTA.

**Complete** **below application** after viewing the guidelines at http://www.ors.org/2016-call-for-workshop-apps/. The meeting is in March 5-8, 2016 at Disney’s Coronado Springs Resort in Lake Buena Vista, Florida

**Deadline** for submission to OTA is May 15, 2015. Submit this form to: [OTA@ota.org](mailto:OTA@ota.org)

**TITLE:**

**NEW HORIZON WORKSHOP**       **YES**       **NO**

New Horizon Workshops highlight new areas of research, new techniques or work that challenges existing dogma. The New Horizon Workshops complement the established workshops that are meant to have an educational basis and provide an introduction to an established area of research.

Workshops should be tutorial in nature.

**SIGNIFICANCE AND PURPOSE** (this paragraph will be used for descriptive purposes on the ORS Annual Meeting website and in the Program Book.)

Please provide information for each of the following:

**Educational need:**

**Learning objectives:**

**Methods that will be used to measure educational outcomes:**

**Results and outcomes:**

**Therapeutic areas to be discussed:**

**Learning outcome levels (based on Moore’s Level outcomes)**

**Targeted audience:**

**Benefit to meeting attendees for this workshop:**

**ABSTRACT:**

**NAME OF ORGANIZER:**

***(Must be an Active Member of the ORS)***

Address

City/State/Zip

Phone       FAX       EMAIL

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

***(Must be an Active Member of the ORS)***

Address

City/State/Zip

Phone       FAX       EMAIL

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***Reminder – only 1 nonmember speaker is allowed per workshop.***

**SPEAKER 1:**  ORS Member?  Yes  No

Justification for selection of non-member speaker:

Address

City/State/Zip

Phone       FAX       EMAIL

Title of Presentation:

**---------------------------------------------------------------------------------------------------------------------------------------------**

**SPEAKER 2:** ORS Member?  Yes  No

Justification for selection of non-member speaker:

Address

City/State/Zip

Phone       FAX       EMAIL

Title of Presentation:

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**SPEAKER 3:** ORS Member?  Yes  No

Justification for selection of non-member speaker:

Address

City/State/Zip

Phone       FAX       EMAIL

Title of Presentation: