

SHEA News

THE SOCIETY FOR HOSPITAL EPIDEMIOLOGY OF AMERICA

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Call for Abstracts

The Society for Hospital Epidemiology of America (SHEA) invites you to attend the 1992 annual meeting of the Society, April 12-14, 1992, in Baltimore, Maryland. The two and one-half day program will be devoted to broad epidemiologic issues relating to adverse clinical outcomes, nosocomial infections, occupational risks for healthcare workers, and quality assessment in adult, pediatric, and long-term care settings. The conference will feature symposia, oral and poster presentations, and roundtable discussions with audience participation. The meeting is of immediate importance to physicians and infection control practitioners, quality assurance professionals, and administrators in all healthcare institutions.

SHEA invites you to submit your abstracts on the official Abstract Form on the next page before January 7, 1992. A limited number of "late breaker" abstracts on recent investigations or studies of national importance will be considered if submitted before March 4, 1992.

INSTRUCTIONS FOR ABSTRACT SUBMISSIONS

Complete the Abstract Form and submit it and the required items listed below. Type the title (initial capitals only) first; then list all authors (all capital letters), with an asterisk for the person delivering the paper; and then list institutions and short addresses (do not give departments, divisions, buildings, etc.)

Indicate the subject category in the box to the left of the abstract. Subject categories are: (A) outbreaks, (B) surveillance, (C) employee health, (D) device-related infection, (E) product evaluation, (F) disinfection and sterilization, (G) prevention and control, (H) antimicrobials and prophylaxis of nosocomial infection, (I) quality assessment, (J) adverse drug events, (K) noninfectious adverse outcomes, (L) HIV/AIDS/hepatitis, (M) pediatrics, (N) long-term care, (O) late breaker, and (P) other.

The following items must be enclosed for each original Abstract Form submitted for the meeting. Failure to include these items with

the original Abstract Form will be considered grounds for rejection of the abstract by the SHEA Annual Meeting Committee.

1. Six 8.5 x 11 inch photocopies of the abstract.

2. One 3 x 5 inch card giving the complete title of the abstract and the names of all authors listed alphabetically, except for the name of the presenting author, which should be listed first and underlined.

3. One self-addressed, stamped postcard with the title of the paper and the author's name. Cards smaller than 3.5 x 5.5 will not be accepted by the US Postal Service. This card will serve as notification that your abstract has been received.

4. One self-addressed, stamped business-size envelope. This will be used to notify you of the status of your abstract once the SHEA Annual Meeting Committee has reviewed it. Notifications will be mailed on January 17, 1992.

Mail the original Abstract Form and the above items to SHEA, 875 Kings Highway, Suite 200, West Deptford, NJ 08096.



**The Second Annual Meeting of
The Society for Hospital Epidemiology of America
April 12-14, 1992, Baltimore, Maryland**

OFFICIAL ABSTRACT SUBMISSION FORM

**Please follow instructions for completing Abstract Form and submitting Abstract Form
and required items given on the previous page**

Subject Category

Start →

From the list of subject categories on the previous page, choose the most appropriate description of the paper's content and enter the letter in the box above.

Do not consider
for poster session

Complete the following:

Full name and professional mailing address of the author who will present the paper

Telephone: _____ Fax: _____

SHEA member: yes _____ no _____



Membership Application

The Society for Hospital Epidemiology of America

Name _____

Degree MD CI PhD CI Other _____

Title (in hospital epidemiology) _____

Institution(s) name and address _____

City _____ State _____ Zip code _____

Number of beds _____ Category Non-Teaching CI Teaching

Business telephone _____ Fax _____

Home address _____

City _____ State _____ Zip code _____

Home telephone _____

Indicate preferred address for membership directory Home Business

Membership fees

Non-US members please pay with draft for US dollars.

CI Active membership-Calendar year dues: \$85

Applicants must hold a doctoral degree and should either be the head of a hospital epidemiology program or engaged on a **full-time basis** as a hospital epidemiologist, or employed by a federal, state, or local governmental health agency that has a direct interest in hospital epidemiology.

Associate membership-Calendar year dues: \$35

Applicants must hold a doctoral degree and be participating in an appropriate training program in the field of hospital epidemiology. Proof of training must accompany this application.

Your membership fee includes a subscription to the Society's official journal, *Infection Control and Hospital Epidemiology*.

Please make checks payable to The Society for Hospital Epidemiology of America.

Send application and remittance to:

SHEA Membership
875 Kings Highway, Suite 200
West Deptford, NJ 08096
(609) 845-7220
(609) 853-0411 **FAX**