| Title  |   |  |
|--|---|--|
|  | Authors   |  |
|  | (list in the order which will appear in the symposium materials)  |  |
|  |   |  |
| ABSTRACT CATEGORIES (check the categories that apply to the research, can be multiple) |   |  |
| Pain Management Tibetan Medicine Traditional Medicine                                  | <ul><li>Meditation Therapies including hypnosis</li><li>Manual, movement and nutritional therapies</li><li>Basic science in any field of integrative medicine</li></ul> |  |
| ☐ Integrative Health Services☐ Prevention and Wellness                                 | <ul><li>☐ Epidemiology in any field of integrative medicine</li><li>☐ Research Methodologies in any field of integrative medicine</li></ul>                             |  |
|  | Chudu an Facus  |  |
| Study or Focus   |   |  |
| (101 examp   | le: methods, results, conclusions, etc.)  |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |

| Continue |  |  |
|----------|--|--|
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |

| Reference Literature   | Acknowledgements                      |  |
|--|---------------------------------------|--|
|  |                                       |  |
|  |                                       |  |
|  |                                       |  |
|  |                                       |  |
|  |                                       |  |
|  |                                       |  |
|  |                                       |  |
|  |                                       |  |
|  |                                       |  |
|  |                                       |  |
|  |                                       |  |
| Contact In   | formation                             |  |
|  |                                       |  |
| First name, last r   | name, credentials                     |  |
|  |                                       |  |
|  |                                       |  |
| Affiliation  |                                       |  |
|  |                                       |  |
| Additional Authors   |                                       |  |
| (please list all the authors who have contributed to this abstract. The order that appears on the submission winder the order in which the authors appear in the symposium materials.) |                                       |  |
| be the order in which the dutions  | s appear in the symposium materials.) |  |
|  |                                       |  |
| Email  | Phone #                               |  |
|  |                                       |  |
| Mailing Address  |                                       |  |
|  |                                       |  |
|  |                                       |  |
| City. State. Zip Code  | Country                               |  |

## ABSTRACT SUBMISSION AND DEADLINE

- Your submission (excluding the abstract title) is limited to **450 words**.
- Abstracts may be submitted starting on **Sunday January 1st, 2017**.
- Email completed Abstract Submission Form as an attachment to <u>kundewellness@gmail.com</u> and <u>info@ghrf.org</u> with subject of "Call for Abstracts Submission"
- Abstracts must be submitted by midnight on Friday, February 10, 2017.
- Accepted abstracts will be announced on Tuesday, February 28, 2017.
- Attendance at the conference is not required, however abstract authors are welcome to attend. Conference fees will be waived for authors of accepted abstracts (note: travel costs and other expenses are not provided).

| I understand the terms of the abstracts | submission.               |
|---|---------------------------|
|   |                           |
|   |                           |
| Signature (type your name)              | Date Submitted (MM/DD/YY) |