

**FOUNDATION FOR OSTEOPATHIC DERMATOLOGY  
ROGER C. BYRD, DO, FAOCD, FAAD CLINICAL MANUSCRIPT COMPETITION**

The Foundation for Osteopathic Dermatology announces the Roger C. Byrd, DO, FAOCD, FAAD Clinical Manuscript Competition. The annual awards are presented to recognize the dermatology residents' manuscripts which are judged as the best in this competition for originality, degree of scientific contribution and thoughtfulness of presentation.

WINNERS WILL BE ANNOUNCED AT THE AOCD SPRING CONVENTION

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**Requirements for competition:**

- The resident must be enrolled in an approved ACGME dermatology residency program and an AOCD member in good standing with their DUES paid in full. If their dues have NOT been paid, the manuscript submitted will not be considered.
- First place winners will be required to attend the conference to accept the award and give a 15-minute presentation on their topic.
- Complete the attached cover sheet.
- Please submit 8 paper copies of the manuscript to be judged.
- Only ONE manuscript per year may be submitted.
- The applicant must be the primary (first) author of the manuscript.
- The manuscript must have been written and submitted while the resident is in training.
- The manuscript must be typed and suitable for publication.
- Authors' names are NOT to be included on the manuscript itself, only include the title on the manuscript. Names of the authors are to be placed ON THE COVER SHEET ONLY.
- Do not ship the manuscripts in a manner that requires a signature for delivery.
- Failure to follow the competition requirements will result in disqualification.

**Award Levels:**

1<sup>st</sup> Place: \$1500

2<sup>nd</sup> Place: \$1000

**DEADLINE FOR SUBMISSION IS SEPTEMBER 1**

**PLEASE SEND ALL MANUSCRIPTS TO:**

Dr. Gene Conte  
271 Thoroughbred Drive  
Prescott, AZ 86301



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**COVER SHEET**

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1. Name: \_\_\_\_\_ AOA # \_\_\_\_\_  
Year of Residency:    1st    2nd    3rd                      Telephone: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
\_\_\_\_\_
2. Program Director: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Program Address: \_\_\_\_\_  
\_\_\_\_\_
3. Title of Paper: \_\_\_\_\_  
\_\_\_\_\_

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Date Received: \_\_\_\_\_