



CLINICAL TRIAL INFORMATION BOARD: APPLICATION FORM AND GUIDELINES

2009 Canadian Cardiovascular Congress

Including the 62nd Annual Scientific Meeting of the Canadian Cardiovascular Society

Shaw Conference Centre

Edmonton, Alberta

October 24-28, 2009

Clinical Trial Information Board – This provides an excellent opportunity for organizers and sponsors to inform and educate Congress attendees about planned or ongoing registered clinical trials in Canada. It can also provide an opportunity to identify and recruit new centres. Registered trials should be in the advanced planning, recruitment or follow-up phase. This opportunity is not designed for trials that have been completed and published.

There is no cost to submit a Clinical Trial Information Board.

The following information may be included on the information board (one trial per board)

- | | |
|---|---|
| 1. Name of trial | 7. Characteristics of patients involved |
| 2. Sponsor(s), Principal Investigator, Steering Committee, Lead Canadian Investigator | 8. Reporting requirements |
| 3. Hypothesis | 9. Recruitment and completion dates |
| 4. Trial design | 10. Statistical power |
| 5. Inclusion / exclusion criteria | 11. Source of financial support |
| 6. Small summary brochures with brief protocol details and contact information | 12. Protocols |

Do NOT include results of a completed trial or any commercial product advertising

Guidelines

Location: Clinical Trial boards will be set-up in Hall D (Plenary Room) foyer.

Set-up: Boards should be set-up on Saturday, October 24 between 08:00 and 10:00.

All boards should remain in place until Tuesday, October 27.

- You are welcome to be present at your board any time during Congress.
- Any material left on boards after 17:00 on Tuesday, October 27 will be discarded.

Poster Boards: 94 ¼" wide x 45 ¾" high (2.4m x 1.16m) • push pins provided • pocket for brochures / information provided

Contact Information

NOTE: Applications accepted on a "first-come, first-served" basis.

Name _____

Title _____

Organization _____

Address _____

City _____ Province/State _____ Country _____ Postal/Zip Code _____

Telephone _____ Facsimile _____ E-mail _____

Authorization Signature _____ Date _____

(use the digital signature generated within Acrobat to sign this form)

Please complete this form and fax or e-mail it to: Blair Tryon

Director, Congress Operations

Fax: (613) 236-2727

E-mail: ccc-exhibits@intertaskconferences.com