

# Abstract Submission Form

# 1. Abstract Title

2.	Presenting	Author
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Name

Department

GME Program

Email

## 3. Additional Author(s)

Name (First, Last, (MD/DO)	Department	GME Program

### 4. Faculty Member(s)

Name (First, Last, (MD/DO)	Department	GME Program

### 5. Poster Category

Please indicate the category for which your poster should be considered. (Choose only one.)

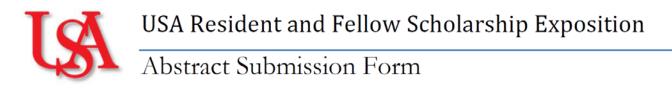
Clinical and Translational Research

Quality Improvement or Performance Improvement

Patient Safety, Patient Education or Patient Advocacy

Clinical Vignette (Case Reports)

6. Poster to be used outside of USA (Residents and fellows are encouraged to submit their poster for scientific and educational meetings outside of USA. If this will be presented at a meeting outside of the USA Resident and Fellow Exposition, please indicate the name and dates of the meeting.)



7. Abstract Description (Maximum 2000 characters)