

ABSTRACT COVER PAGE

The following information is needed for each submission:

FELLOW /RESIDENT/PhD or POSTDOC/MEDICAL STUDENT (please indicate)

NAME/DEGREE: _____

INSTITUTION: _____

CATEGORY: _____
(Basic science research, clinical research, case presentation/clinical vignette)

TITLE:

OTHER AUTHORS/AFFILIATIONS:

PRESENTER'S EMAIL ADDRESS: _____

PRESENTER'S TELEPHONE NUMBER: _____

CONFIRMATION OF IN PERSON ATTENDANCE:

I confirm that I have been vaccinated against COVID19: ___ YES ___ NO

I plan to attend the live event to present my research or case report findings ___ YES ___ NO

Email submissions to: Sharon Dowell, MD

Email: drsharondowell@gmail.com

Telephone: (202) 865-3326

Please email me if you have any questions

ABSTRACT FORMAT:

The limit for the abstract is 400 words, not including authors, title, or headers.

****Please use a structured format:**

Purpose/Methods (or Case Description):

Results (or Case Discussion):

Conclusion (and Significance):

One (1) Table or Figure is also allowed.

Please submit in WORD/DOC format if possible to help me with assembling the final booklet