Future of Medicine Summit XII

Poster Symposium – *APPLICATION FORM*

February 7, 2019

Title_____

Primary Author_____ _____ *PBCMS Member __Yes __No
First Name MI Last Name Degree

_____ _____
Affiliation or Institution Email Address
Mailing Address

_____
Street City State Zip Telephone

Is this a previously published or presented poster? Yes/No

Additional Author(s)
Names City and State

_____

_____

_____

Research Abstract _____ Clinical Vignette _____

Please attach Abstract, and note the following specifications:

1. 450 words or less
2. Research Abstracts should include the following:
   a. Background
   b. Research Question
   c. Protocol/Methods
   d. Results
   e. Conclusion
   f. Discussion
3. Clinical Vignettes will be chosen based upon originality and significance.

Deadline for submission: December 14, 2018

Please submit your application to DeannaL@pbcms.org
Questions please call Deanna Lessard (561) 433-2385 ext.105

* All Poster Symposium participants must be members of the Palm Beach County Medical Society. If you are not a member but would like to participate in the Poster Symposium please contact Deanna Lessard at deannal@pbcms.org or 561-433-3940 ext. 105 or join on line at www.pbcms.org.