



New Haven County Medical Association
POSTER CONTEST APPLICATION FORM
Resident/Fellow and Medical Students 2nd Annual Poster Contest

Author Name: _____

Email: _____

Phone Number: _____

Medical Program Affiliation: _____

I am a: Medical Student Resident Fellow

*Authors may submit a **Full Poster** or a "**Presentation in Progress**" for comment and collaboration. NHCMA will print posters if they are received by the deadline of Tuesday, October 1st, 2019 and completed using the template provided.*

I will be submitting: Full Poster Presentation in Progress

Title of Presentation: _____

(This does not have to be final title but must be relevant)

Abstract - A short description of your presentation:

Will you or your co-author be in attendance? Yes No We will both be in attendance

All Posters/Presentations will be displayed and recognized at the NHCMA Annual Awards Meeting on October 23rd.
Only Full Poster submissions will be eligible for Awards Presentation.

or print and email/fax to: info@graffwood.com - (860)727-9863