

ABSTRACT SUBMISSION FORM

Submission deadline: July 3rd, 2017 by 5:00 pm

Participants selected are expected to present their research in person.

Name: _____
Presenter/Author (first author only), Degree/s, Title

Address: _____

E-mail: _____

Telephone: _____ Fax: _____

Provide 4 key words that are not in the title of the abstract:

1. _____

2. _____

3. _____

4. _____

In which category do you want your abstract to be considered? (Please check one)

Student

Resident/Fellow

How would you best describe the category of your project? (Please check one)

Medical education/curriculum

Clinical research

Quality Improvement

Case presentation

2017 CAFP Family Medicine Research Day

TITLE: (please type in bold caps, no abbreviations)

AUTHORS: (underline presenting first author)

BACKGROUND:

OBJECTIVE:

DESIGN/METHODS:

RESULTS/DISCUSSION:

CONCLUSIONS: