

Application Form: Best Student Conference Presentation

Last Name: _____ **First Name:** _____

Mailing Address:

Telephone: _____

E-mail Address: _____

Student Status: ___ Undergraduate Student
 ___ Master's Student
 ___ Doctoral Student

University: _____

Clinical Section Member? Yes ___ No, not yet ___ (Please note: membership is required)

Presentation Date, Time, and Location:

Poster or Presentation Title:

Authors:

Abstract: (Please attach a copy of your abstract)

**Are you presenting any other posters or presentations?
Please list dates and times:**

Are you a co-author on any other posters or presentations submitted by another applicant for this award? If so, please provide first author's name: _____