

Abstract Submission Example

Presenter First Name: Joe

Presenter Last Name: Smith

Presenter Title: Joe Smith, MD, MPH, Associate Professor of Medicine, Northwestern University OR Joe Smith, MS, Program Manager, Northwestern University

Presenter Email: joesmith@example.edu

Institution/Organization Name: Northwestern University

Additional Presenters' Names and Titles: please follow this sample: Joe Smith, MD, MPH, Associate Professor of Medicine, Northwestern University OR Joe Smith, MS, Program Manager, Northwestern University

Abstract Title: Sample Title

Abstract Summary: (1000 word limit)