

**ABSTRACT COVER PAGE**  
**MUST BE SUBMITTED WITH ABSTRACT**

<b>Presenter – full name and degree(s):</b>	
<b>Email address:</b>	
<b>Telephone number:</b>	
<b>Current Position:</b>	<input type="checkbox"/> Undergraduate or lower
	<input type="checkbox"/> Medical Student/Predoctoral Student
	<input type="checkbox"/> Intern/Resident
	<input type="checkbox"/> Postdoctoral Fellow
<b>Affiliation: (Primary affiliation of 1<sup>st</sup> author)</b>	<input type="checkbox"/> Anesthesiology & Perioperative Medicine
	<input type="checkbox"/> Critical Care Medicine
	<input type="checkbox"/> Emergency Medicine
	<input type="checkbox"/> Neurological Surgery
	<input type="checkbox"/> Physical Medicine & Rehabilitation
	<input type="checkbox"/> WISER/Simulation
<b>Type of Study:</b>	<input type="checkbox"/> Clinical/Health Services
	<input type="checkbox"/> Basic Science
	<input type="checkbox"/> Education
<b>Principal Area of Interest: Use three key words to describe your primary research interests.</b>	
1.	
2.	
3.	
<b>Mentor(s) – Full name and degree(s):</b>	