

Personal Information

Last Namo

| Note that abstracts submitted after | August 18th will not b | E |
|---|------------------------|---|
| eligible for a Flash Talk at the CFAR S | Summit | |

| Last Name | | |
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| | | |
| First Name | | |
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| Pronouns |
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| Why are pronouns important? |
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| email address |
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| Departmental affiliation |
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| Job Title |
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| |
| Mentor/PI(s) |

| Who will be presenting the Flash Talk if chosen? |
|---|
| I will present the Flash Talk |
| Someone else will present the Flash Talk |
| |
| |
| One or two contains a plain languages. "talks being |
| One or two sentence, plain-language, "take-home |
| message" of your presentation |
| |
| |
| |

Abstract Submission

Please submit your abstract in the following text boxes.

*Title

| Authors names (optional- paste names only with superscripts here and affiliations in section below) |
|---|
| |
| |
| Authors affiliations (optional) |
| |
| |
| Background |
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| Methods | | |
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| Results | | |
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| Impact | | |
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Conclusion

| Final Information |
|--|
| Are/Were you a Quantitative Methods in HIV/AIDs Summer intern? |
| O No O Yes |
| Research Category for Prizes (choose one) subject to change by judges |
| Basic/Translational Clinical Social/Behavioral Quantitative Innovations from other fields (work not directly on HIV but the findings or methods will uniquely advance the HIV field) |
| |

| Would you like to | be cons | sidered 1 | for a | 5 min | ute | Flash | Talk | at |
|-------------------|---------|-----------|-------|-------|-----|-------|------|----|
| the Fall Retreat? | | | | | | | | |

O Yes, I would like to be considered for a talk

O No, I do not want to be considered for a talk

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