**Hospital Medicine Symposium Clinical Vignette Poster Abstract Submission**

**Name of Applicant:**

**Educational Level (MS3 or MS4 or PGY level):**

**Contact Information:**

**Email Address:**

**Phone Number:**

**Institution Name:**

Abstract requirements: Abstracts should follow this format.

**Title:**

**Author(s):​**

**Faculty Mentor if applicable:**

**Abstract Text: 450 word limit for the following information**

Introduction (Optional)

Case Presentation

Discussion

Conclusions

References if applicable

Deadline for submission is 7/31/2021. The abstract must be submitted electronically via the following link: https://osu.az1.qualtrics.com/jfe/form/SV\_8AM9uipUDougLFr.

Please submit the abstract as a word document.