

# Tennessee Academy of Family Physicians

212 Overlook Circle, Suite 201, Brentwood, TN 37027

phone: (615) 370-5144; 1-800-897-5949 fax: (615) 370-5199 email: [tnafp@tnafp.org](mailto:tnafp@tnafp.org)

## -A-B-S-T-R-A-C-T-

### 2019 STUDENT & RESIDENT RESEARCH PAPER COMPETITION APPLICATION

Paper Title (REQUIRED): \_\_\_\_\_

Description/Explanation of your Research:

YOUR NAME: \_\_\_\_\_

YOUR MAILING ADDRESS: \_\_\_\_\_

YOUR CITY/STATE/ZIP: \_\_\_\_\_

YOUR CELL NUMBER: ( ) \_\_\_\_\_ YOUR EMAIL: \_\_\_\_\_

YOUR AAFP/TNAFP Member Identification Number: \_\_\_\_\_

YOUR MEMBERSHIP CATEGORY: \_\_\_ Resident Member - Residency Program: \_\_\_\_\_

or \_\_\_ Student Member - Medical School: \_\_\_\_\_

**ACADEMIC FACULTY:** *If you wish to receive copies of notification sent to your student and/or resident please provide the following:*

Faculty Name: \_\_\_\_\_ Your Email: \_\_\_\_\_

Faculty Mailing Address/City/Zip: \_\_\_\_\_

**RETURN BY AUGUST 1, 2019 (firm deadline)**

by email: [tnafp@tnafp.org](mailto:tnafp@tnafp.org) (**preferred**); or, by fax: **(615) 370-5199**