

Tennessee Academy of Family Physicians

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

2021 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, 2021 (firm deadline)

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