**First & Name:**

**Home Address:**

**City/Prov/PC:**

**Contact #**:

**Email:**

**If you are a University of Calgary student, what is your UCID?**

UNIVERSITY/COLLEGE:

PRECEPTOR:

PRESENTATION TITLE:

ADDITIONAL GROUP MEMBERS (same info needed for each member):

**First & Name:**

**Home Address:**

**City/Prov/PC:**

**Contact #**:

**Email:**

**Complete papers can be submitted for review after the conference for potential Proceedings Volume publication – dependent upon the acceptance of the presentation/poster abstracts.**

**Marcia Garcia, Conference Coordinator, History of Medicine Days 2024**

**Email:** **marcia.garcia@ucalgary.ca**