PhyzTalk Application

**Due:** August 15, 2017

**Email completed form to** [education@aapmr.org](mailto:education@aapmr.org).

**1. Contact information**

* Name Click or tap here to enter text.
* Email Click or tap here to enter text.
* Phone number Click or tap here to enter text.
* Address Click or tap here to enter text.
* Institution Click or tap here to enter text.
* Years out of practice (or resident/fellow)Click or tap here to enter text.

**2. Your PhyzTalk story.**Include a detailed description or summary of the story you’d like to present, not to exceed 500 words.

Click or tap here to enter text.

**3. Have you presented before?**Please provide a list or summary of your past presentation experience, including whether you have presented on this topic.  (Note: past presentation experience is not required).

Click or tap here to enter text.

**4. How do you think your story could impact physiatrists or the physiatrist community?**What is your take-home message?

Click or tap here to enter text.

**5. Are there any special considerations the reviewers should be aware of?**Would your presentation have any special A/V, or other technical or logistical support needs?  Is there anything else you’d like to share?

Click or tap here to enter text.

**6. Any other comments on why you should be selected?**

Click or tap here to enter text.