



**Experimental Biology (EB)**  
**2022 Dates TBD**

**Symposium Submission**

**Criteria:**

- Presentations should offer multidisciplinary approaches in translational science and the contribution by experimentation at multiple levels of investigation. What specific question does this symposium address? Are there two or more conflicting issues that warrant presentation and discussion? What does the session offer to the intended audience? Are future directions considered in the material to be presented?
- **Diversity is encouraged for all participants including career stage, type of institution, gender, and race/ethnicity.**
- **The symposium organizer must be an AFMR member**
- **Each symposium must include at least 1 CTSA investigator.**
- All speakers for the selected symposia are asked to submit abstracts to the organizer for review by April 1, 2022 and manuscripts of their presentation for consideration for publication in the AFMR [Journal of Investigative Medicine](#) by May 31, 2022. The AFMR will cover publication fees.
- Upon receipt of manuscripts, the AFMR will provide up to \$2,500 in financial support to participants to help defray their expenses. Please keep/submit receipts to ensure this can be processed as reimbursement and not an honorarium. If receipts are not provided, a W-9 will be required.
- Individuals may not present an invited oral presentation on their research at two EB meetings in a row.
- Individuals may not present multiple invited presentations on their research at any single EB meeting.
- It is **not** acceptable to chair/co-chair one symposium *and* chair/co-chair or speak in another session.
- It is acceptable to chair/co-chair *and* speak in the same session
- Only 1 participant per laboratory may be in the symposium.

**Instructions:**

- **Maximum session length is 1 ½ hours.** Be sure to allow sufficient time for discussion.
- Spell out participants' names and institutions: **DO NOT USE INITIALS** for chairs or speakers.
- The [AFMR National Council](#) will review all submissions and make a recommendation to the APS.
- **Email completed symposium information to [admin@afmr.org](mailto:admin@afmr.org) by Sunday, June 20, 2022.**

**Session Title:**

**Session Description (include public health relevance):**

**Learning Objectives (at least 3):**

**Primary Chair/Organizer:**

Career Status: *Established Investigator*

Experience, both clinical and organizing educational symposia:

- AFMR Member
- CTSA Investigator
- APS Member
- Check if participation confirmed.

First Name:

Last Name

Institution:

Department:

Address:

City:

State:

Zip:

Email:

**Co-Chair:**

Career Status: *Early Career Professional*

- AFMR Member
- CTSA Investigator
- APS Member
- Check if participation confirmed.

First Name:

Last Name

Institution:

Department:

Address:

City:

State:

Zip:

Email:

**Speaker 1:**

- AFMR Member                       APS Member  
 CTSA Investigator                 Check if participation confirmed.

First Name:

Last Name

Institution:

Department:

Address:

City:

State:

Zip:

Email:

Career Status (select):

- Established Investigator
- Early Career Professional
- Postdoctoral Fellow or Medical Student
- Graduate Student
- Undergraduate Student
- Retired
- Other

Presentation Title:

Presentation Length (minutes):

If this was previously presented or published, please indicate where/when:

**Speaker 2:**

- AFMR Member                       APS Member  
 CTSA Investigator                 Check if participation confirmed.

First Name:

Last Name

Institution:

Department:

Address:

City:

State:

Zip:

Email:

Career Status (select):

- Established Investigator
- Early Career Professional
- Postdoctoral Fellow or Medical Student
- Graduate Student
- Undergraduate Student
- Retired
- Other

Presentation Title:

Presentation Length (minutes):

If this was previously presented or published, please indicate where/when:

**Speaker 3:**

AFMR Member

APS Member

CTSA Investigator

Check if participation confirmed.

First Name:

Last Name

Institution:

Department:

Address:

City:

State:

Zip:

Email:

Career Status (select):

- Established Investigator
- Early Career Professional
- Postdoctoral Fellow or Medical Student
- Graduate Student
- Undergraduate Student
- Retired
- Other

Presentation Title:

Presentation Length (minutes):

If this was previously presented or published, please indicate where/when: