

**Master of Health Management Conference Presentation Award
Application Form**

Name:	
Contact Email and Telephone Number:	
What year did you enter the MHM program?	
Have you received a HM Conference Presentation Award in the past? If so, when?	

Title of Presentation:	
Co-Authors:	
Type of Presentation (Poster/Podium/Virtual):	
Name of Conference:	
Purpose of Conference:	
Location of Conference (city, province/state, country)	
Type of Conference:	<input type="checkbox"/> Virtual <input type="checkbox"/> National <input type="checkbox"/> International
Date of Conference:	

Presentation stems from _____ (course title or course code)
Relevance of your Presentation to the field of Health Management (max 250 words):

* Please attach accepted abstract as it was submitted and acceptance notification.