

## Poster/Abstract Submission Application

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PALTmed Texas Geriatrics Annual Conference

August 1-3, 2025

Hotel Viata

Austin, Texas



**Name/Credentials of person submitting abstract:**

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**Phone:** \_\_\_\_\_

**Email** \_\_\_\_\_

**Name/Credentials of person who will register/present the abstract:**

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**Presenter's email address**

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**Title of Abstract**

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**List 2-3 objectives for your abstract:**

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Questions? Email me at [Maggie@texasgeriatrics.org](mailto:Maggie@texasgeriatrics.org)