

# 2021 AGA Abstract Awards

[Applicant Information](#) → [Sponsor Information](#) → [Abstract](#) → [Upload Documents](#)

## Category

Review the requests for applications linked below for the three AGA travel awards available this year and select the award you are eligible for.

- [AGA Fellow Abstract Award](#)
- [AGA-Moti L. & Kamla Rustgi International Travel Awards](#)
- [AGA Student Abstract Award](#)

AGA Student Abstract Award ▼

This award supports recipients who are graduate students, medical students or medical residents (residents up to postgraduate year three) in North America (U.S., Canada, and Mexico) giving abstract-based oral or poster presentations at DDW®.

Applicants must be the first or presenting author of an abstract accepted by AGA for presentation at DDW® 2021. Applicants may only submit one abstract for consideration. AGA Student Abstract Award applicants are not required to be AGA members. However, applicants must be sponsored by an AGA member in good standing to submit an application. Have your sponsor's member number on hand to submit an application. They can retrieve their member number by logging into [gastro.org](http://gastro.org) or calling 301-654-2055.

Please review the [full request for applications](#) with additional eligibility details.

First Name

Middle Name

Last Name

Degree(s)

Please check all degrees you currently hold.

- |                                             |                                         |                                |
|---------------------------------------------|-----------------------------------------|--------------------------------|
| <input type="checkbox"/> MD                 | <input checked="" type="checkbox"/> PhD | <input type="checkbox"/> MBBS  |
| <input type="checkbox"/> DO                 | <input type="checkbox"/> DVM            | <input type="checkbox"/> MBChB |
| <input type="checkbox"/> MA                 | <input type="checkbox"/> MAS            | <input type="checkbox"/> MBA   |
| <input type="checkbox"/> MHS                | <input type="checkbox"/> MPH            | <input type="checkbox"/> MS    |
| <input type="checkbox"/> MSHS               | <input type="checkbox"/> BA             | <input type="checkbox"/> BS    |
| <input type="checkbox"/> Other (note below) |                                         |                                |

Career stage

Select ▼

Email Address

Enter an email address you check regularly and that will remain active over a long period of time as AGA may contact you regarding the status of your application or to request additional information.

Phone #

Enter a phone number (including country code and area code) with a voicemail system you check regularly and that will remain active over a long period of time as AGA may contact you regarding the status of your application or to request additional information.

Current Institution

Institutional Address Line 1

Address Line 2

Address Line 3

City

State/Province

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ZIP/Postal Code

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Sex

- Female
- Male
- Other
- I do not wish to identify my sex

Ethnicity

- Latinx/Hispanic origin
- Not of Hispanic origin
- I do not wish to identify my ethnicity

Race

- Please check all that apply.**
- Asian
  - Black or African American
  - Native American or Alaskan
  - Native Hawaiian or Pacific Islander
  - White
  - Other (please specify)
  - I do not wish to identify my race

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Please provide the following information on your AGA member sponsor.

Note that AGA Student Abstract Award applicants must be sponsored by an AGA member in good standing.

Sponsor's First Name

Sponsor's Last Name

Sponsor's AGA Member Number

If your sponsor needs to retrieve or verify their member information, have them login to [gastro.org](http://gastro.org) or call 301-654-2055 for assistance.

Sponsor's Degree(s)

Sponsor's Position/Title

Sponsor's Email Address

Sponsor's Institution

Does the sponsor work at the same institution as the applicant?

Yes, applicant and sponsor are at the same institution.

No, sponsor is at a different institution.

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Applicants must be the first or presenting author of an abstract accepted by AGA for presentation at DDW® 2021.

Applicants may only submit one abstract for consideration.

## Type of research

Which definition below best describes the research described in the abstract?

- **Clinical:** Research involving direct contact with human subjects or using clinical data to address problems related to the prevention, diagnosis, treatment or outcome of human diseases (e.g., clinical epidemiology). This category also includes research related to health care delivery (e.g., health services, health IT).
- **Basic/Translational:** Research with the primary goal of understanding basic biology or disease mechanisms. This category can involve animal subjects, cell culture, human biospecimens or human data as resources for laboratory- or informatics-based investigation.

Clinical Research

Basic/Translational Research

## Area of Study

Select the category that best describes your abstract's area of study.

Select 

## Abstract Title

## Abstract

Provide the abstract accepted by AGA for presentation at DDW® 2021.

Word count: 0 / 750

## Type of Presentation

Please note whether your abstract was accepted by AGA as a poster or oral presentation for DDW<sup>®</sup> 2021. This information must match the acceptance notification from DDW<sup>®</sup>.

- Poster presentation
- Oral presentation

## Control ID Number

DDW<sup>®</sup> assigns each abstract a control ID number, enter that number here.

If the abstract was accepted for poster presentation, please include the letters preceding the number.

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All documents outlined below must be uploaded as PDF files that are ≤25 MB.

**Applications missing any of the required documents are automatically deemed ineligible for review.**

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## Abstract Acceptance Page

Please upload a copy of the notification confirming the abstract was accepted by AGA for a poster or oral presentation at DDW® 2021.

**Applicants must be the first or presenting author of an abstract accepted by AGA.**

Choose File No file chosen

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## Resume/CV

Upload one of the following documents:

- Resume
- Curriculum vitae
- NIH biosketch

Choose File No file chosen

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## Sponsor Letter

Upload a one-page letter of recommendation from your sponsor written on institutional letterhead.

Choose File No file chosen