



**PROMIS<sup>®</sup>  
HEALTH  
ORGANIZATION**

## **Announcing Scholarship Opportunity**

**9<sup>th</sup> Annual PROMIS<sup>®</sup> International Conference**  
**October 22 – 24, 2023**  
**Banff, Alberta Canada**



The PROMIS Health Organization (PHO) is offering scholarships for trainees to participate in this conference.

PROMIS measures are increasingly used in applied research and clinical practice to ensure the patient's voice is included in healthcare and ultimately to improve health outcomes.

The Annual PROMIS International Conference brings together researchers, clinicians, health system administrators, government and regulatory agencies, pharmaceutical and technology industries, and business entities that provide services utilizing patient outcomes to share their experiences and recent advances utilizing PROMIS measures.

The scholarship includes:

- Three-day conference registration
- Meals included in the conference program
- PHO Student Membership for 2024
- 3 nights hotel room

**To apply, complete the application on the next page and submit your curriculum vitae and a statement (up to 250 words) on your interest and experience with PROMIS and how your participation will make a difference for patients, providers, and researchers at your institution.**

Persons in training (masters, PhD, medical school, residency, fellowship) are eligible and encouraged to apply.

**Application Deadline: June 30 2023. Scholarship winners will be notified by July 30, 2023.**

We look forward to considering your application and welcoming you to the 9<sup>th</sup> Annual PROMIS International Conference.

Visit [www.promishealth.org](http://www.promishealth.org) for more information and the Call for Abstracts.



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**Scholarship Application Form**  
**9<sup>th</sup> Annual PROMIS<sup>®</sup> International Conference**  
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**Name**

First Name

Last Name

Degree(s)

**Professional Category** (check one)

Graduate Student  PhD Student  Medical Student  Resident  Fellow

Your specialty area \_\_\_\_\_

**Your Hospital/Institution**

Name and Address

City, State, Zip Code, Country

**Your Contact Information**

Mailing Address: City, State, Zip Code, Country

Email Address

Phone

**Personal Statement**

Tell us in up to 250 words your experience in the use of PROMIS for patient-reported outcomes and why attending the PHO Conference will make a difference for patients and providers at your hospital/institution.

**Submit this application form with your personal statement by June 30, 2023**

to Zan Lofgren, PHO Executive Director, [zan-lofgren@promishealth.org](mailto:zan-lofgren@promishealth.org).

Thank you.

For more information visit [www.promishealth.org](http://www.promishealth.org)