

ABSTRACT FORM

Arizona AALAS Spring Symposium - April 10, 2009
Sheraton Tucson Hotel & Suites - Tucson, Arizona

Authors: _____

(Circle presenting author)

Institutional Affiliation: _____

Title: _____ Dept: _____

Phone: _____ Fax: _____

Email: _____

Title: 3 lines

Abstract Body:
(Double space)

Audiovisual Needs:

- LCD Projector
- Powerpoint presentation
- Bringing own laptop
- Overhead projector
- 35 mm slide Two

Time Needed:

15 min___ or 30 min___

CHECK THE CATEGORY THAT APPLIES TO YOUR PRESENTATION

- Scientific Technical Clinical What's Your Diagnosis? Management Other _____

Has this study been reviewed and approved by your IACUC? Yes No N/A

Preferred Format Selection: Oral Presentation Poster Session I will not accept an alternate format

Fax to (520)621-8833 or Mail to: AZAALAS, UA, P.O. Box 210101, Tucson, AZ 85721