



Hawaii ASM Spring Meeting 2009

Abstract Submission Form (for Oral Presentations)

Personal Contact Information

Name: _____

Last

First

UH Campus: _____

Department: _____

Address: _____

Street , Room #

City

Zip Code

Email: _____

Phone: _____

Fax: _____

Please specify current student status:

Ph.D. candidate

M.S. candidate

Undergraduate

Title:_____

Author(s):_____

Institution(s):_____

Abstract (approximately 250 characters): **Oral Presentation Only**

Travel Award Information

For all those interested in competing for HIASM Travel Awards, **ATTENDANCE at the HIASM Spring Meeting is MANDATORY. These are competitive awards.** Submit a letter of acceptance to the conference with your abstract to be presented at the meeting, including the name, date and location of the meeting as well as any appropriate poster/session numbers.

Conference:_____

Location:_____

Presentation: Oral Poster

Accepted:

Pending:

Please fill the form and submit to hawaii.asm@gmail.com

DEADLINE for Submission: Friday 4/17/09