



ABSTRACT SUBMISSION FORM FOR CDMD ANNUAL SCIENTIFIC RETREAT

Name: _____

Department: _____

Institute: _____

Check one:

Undergraduate

MS graduate student

PhD graduate student

MD student

Postdoctoral Fellow

Clinical Fellow

Faculty

Research Staff

Other: _____

What laboratory are you affiliated with (name of your mentor): _____

Oral presentations will be selected from abstracts. Oral presenters will also prepare a poster for the poster session. Check the option below for your abstract:

Consider my abstract for a poster only

Consider my abstract for a poster AND an oral presentation

Checklist for abstract:

Arial, 11 pt font

Your name on the abstract is in bold

Abstract fulfills 300 word limit

Abstract file is in word doc format

Filename should be in all caps: LAST NAME_FIRST NAME.doc

Form is completed

Abstract and form are sent to amymartin@ucla.edu by the deadline