

Poster Award Application Form

September 25-27, 2017 • Pittsburgh, PA

Genome and Environment: Implications in Development, Regeneration, Injury, Immunity, and Malignancy



Pathobiology for Investigators, Students & Academians

APPLICATION DEADLINE - August 28 at 11:59 pm (Eastern Standard time zone)

ASIP invites all authors of abstracts accepted for presentation at PISA 2017 to apply for a Poster Award. Recognition of this award is based on the excellence of the poster presentation as judged by the PISA 2017 Steering Committee.

- All abstracts are eligible for consideration (regardless of membership status or travel award applications submitted during the abstract submission process) according to the following rules:
 - Submit an application by August 28, 2017 at 11:59 pm (Eastern Standard time zone);
 - Submit your draft poster PowerPoint file as a PDF to [Tara Snethen](#) by August 28, 2017 at 11:59 pm (Eastern Standard time zone); The filename of your PDF should be your First Name, Last Name, and Poster Number (i.e., JohnSmith3645.pdf);
 - The PISA 2017 Steering Committee will select finalists based upon clarity of presentation, scientific innovation, and originality;
 - The final judging of the posters will be conducted on the first day of PISA 2017.
- Presentation of the Poster Awards will take place on Monday, September 25, 2017 during the Awards Presentation and Business Meeting. At least one author of the poster must be present at the awards ceremony or the award will be forfeited. All authors of the selected posters will receive a Certificate of Merit within two weeks after the meeting.

Please complete the information below. After you have clicked on the "Submit" button, you will receive a link to email your PowerPoint PDF file to the ASIP Administrative Office.

ASIP Membership Status

- | | |
|---|---|
| <input type="checkbox"/> Regular Member | <input type="checkbox"/> Undergraduate Student Member |
| <input type="checkbox"/> Next-Generation Scientist Member | <input type="checkbox"/> Associate Member |
| <input type="checkbox"/> Post-Doctoral Trainee Member | <input type="checkbox"/> Guest Society Member |
| <input type="checkbox"/> Pre-Doctoral Trainee Member | <input type="checkbox"/> Non-Member |

Registration Information

Candidate's First Name _____

Candidates Middle Name _____

Candidates Last Name _____

Degree(s) MD PhD DVM Other _____

Institution _____

Department _____

Address _____

City _____

State/Province _____

Zip Code/Postal Code _____

Country _____

Telephone Number (XXX-XXX-XXXX) _____

Email Address _____

Abstract Title _____

Poster Number _____