POSTER SUBMISSION FORM

Email this completed form to presentations.afte2021@gmail.com by July1, 2021

| PRESENTER INFORMATION | | | | | |
|---|---------|--------------|--------------|-----------------------------------|---------|
| Name | | Agency/De | partment | | |
| <u>Email</u> | | <u>Phone</u> | | | |
| Street Address | Cit | У | <u>State</u> | Zip Code | Country |
| Brief Biography | | | | | |
| | | | | | |
| POSTER INFORMATION | | | | | |
| Poster Title: Overview: | | | | | |
| Methodology: | | | | | |
| Results: | | | | | |
| Conclusions: | | | | | |
| Additional needs/ce*Note: We may not be requested below. Trifold poster board Other: | | | | responsible for ☐Table and flo | |
| HOST COMMITTEE U | SE ONLY | | | | |

Poster presentation approved _____