

**Dept. of Immunology Scientific Retreat  
Abstract Submission Form**

Name of Presenting Author \_\_\_\_\_

Email \_\_\_\_\_

Lab Affiliation \_\_\_\_\_

Classification (check one)

- |                                                       |                                                     |
|-------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Graduate Student YR1-3       | <input type="checkbox"/> Postdoc/Research Associate |
| <input type="checkbox"/> Graduate Student YR4+        | <input type="checkbox"/> Lab Staff                  |
| <input type="checkbox"/> MID Scholar                  | <input type="checkbox"/> Faculty                    |
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Consider for Oral Presentation  Yes  No

Consider for Elevator Pitch Session  Yes  No

Present Poster at Poster Session  Yes  No

**Abstract Title:**

**Abstract Authors:**

**Format – Abstracts should not exceed 250 words in length. This does not include the title or authors. Abstract should be a one-page pdf document less than 4 MB in size.**