

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

Name of Presenting Author _____

Email _____

Lab Affiliation _____

Classification (check one)

☐ Graduate Student YR1-3

☐ Postdoc/Research Associate

☐ Graduate Student YR4+

☐ Lab Staff

☐ MID Scholar

☐ Faculty

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Consider for Oral Presentation

☐ Yes

☐ No

Consider for Elevator Pitch Session

☐ Yes

☐ No

Present Poster at Poster Session

☐ Yes

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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.