20th ANNUAL DEPARTMENT OF PATHOLOGY  
YOUNG INVESTIGATORS’ DAY  
POSTER SESSION  
Thursday, March 14, 2018  
TURNER CONCOURSE  
REGISTRATION FORM

**NOTICE:** Registration will be managed through a designated Pathology Young Investigators’ Day web site. Please fill in the following form completely with the information needed to register your submission online.

*Your registration will be due to Pathology Administration by **MONDAY, FEBRUARY 26th**

Send Completed Registration to Stacey Morgan at smorgan9@jhmi.edu

Click cursor on the gray form field boxes to enter text.

<table>
<thead>
<tr>
<th>Applicant’s Name: <strong>required</strong></th>
<th>Degree:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant’s Division: <strong>required</strong></td>
<td></td>
</tr>
<tr>
<td>Faculty Preceptor (must have a Pathology appointment): <strong>required</strong></td>
<td></td>
</tr>
<tr>
<td>Appointment Category: <strong>required (double click to check)</strong></td>
<td>House Staff</td>
</tr>
<tr>
<td></td>
<td>Faculty Assistant</td>
</tr>
<tr>
<td>Area of Research Registering for: <strong>required Check 1 area only</strong></td>
<td>Clinical</td>
</tr>
<tr>
<td>Full Poster Title * <strong>required</strong></td>
<td></td>
</tr>
</tbody>
</table>

Where has the work been presented previously?

**Meeting Name:**

**Meeting Date(s):**

**Not Previously Presented**

Where is this work being published? (Include Journal Name, Volume, Page, Date)

**In Preparation:**

**First & Last Author(s): ** **required**

<table>
<thead>
<tr>
<th>First Author:</th>
<th>Last Author:</th>
</tr>
</thead>
</table>

**Campus Address:** (Room # and Building Name, Lab, etc.) **required**

**Telephone:** **required**

**E-mail:** **required**

**Fax:** **required**

**Pager:**

*INCLUDE A ONE-PAGE ABSTRACT OF THE WORK YOU WILL PRESENT

Abstract title and all authors should be at the head of your abstract page!