Poster Presenter

# Association for the Advancement of Automotive Medicine

## Annual Scientific Conference

### Information (please print or type)

|  |  |
| --- | --- |
| Name(include your academic degrees – i.e., PhD, MD, etc) |  |
| Organization |  |
| Address |  |
|  |  |
|  |  |
| Country |  |
| Telephone |  |
| Fax |  |
| E-Mail |  |

### AGREEMENT

\_\_\_\_ YES. I understand that my abstract has been accepted as a poster presentation at the AAAM Conference.
 Further, if applicable, I have received approval to travel to Las Vegas, Nevada, USA to present.

 NO. I decline your invitation to present and hereby withdraw my submission.

### Conference Program Information

Please use the following name as presenter of this work in the conference program:

|  |
| --- |
|  |
| **\*Your Assigned Poster #:** |  |
| Poster Title: |  |
| Author(s), Affiliation(s): |  |
| I will need a table for handouts (Yes/No) |  |

### Signature

I agree to the terms of the Poster Session and will attend and present at the conference.

|  |  |
| --- | --- |
| Signature(s):  |  |
| Date:  |  |

RETURN THIS COMPLETED FORM BY FEBRUARY 22nd to AAAM at info@aaam.org,
Subject line: Author Form.

\*An assigned poster number will be emailed to you. Use this number in all email correspondence.