2012 HARC Abstract Submission Form

CORRESPONDING AUTHOR INFORMATION

First Name ***Middle Initial*** ***Last Name***

Degree(s) ***Title***

Name of Institution/Organization ***Department***

City ***State***

Email address

CO-AUTHOR INFORMATION

First Name ***Middle Initial*** ***Last Name***

Degree(s) ***Title***

Name of Institution/Organization ***Department***

City ***State***

CO-AUTHOR INFORMATION

First Name ***Middle Initial*** ***Last Name***

Degree(s) ***Title***

Name of Institution/Organization ***Department***

City ***State***

CO-AUTHOR INFORMATION

First Name ***Middle Initial*** ***Last Name***

Degree(s) ***Title***

Name of Institution/Organization ***Department***

City ***State***

CO-AUTHOR INFORMATION

First Name ***Middle Initial*** ***Last Name***

Degree(s) ***Title***

Name of Institution/Organization ***Department***

City ***State***

CO-AUTHOR INFORMATION

First Name ***Middle Initial*** ***Last Name***

Degree(s) ***Title***

Name of Institution/Organization ***Department***

City ***State***

CO-AUTHOR INFORMATION

First Name ***Middle Initial*** ***Last Name***

Degree(s) ***Title***

Name of Institution/Organization ***Department***

City ***State***

CO-AUTHOR INFORMATION

First Name ***Middle Initial*** ***Last Name***

Degree(s) ***Title***

Name of Institution/Organization ***Department***

City ***State***

Abstract Title					
Tables Included?	***YES***	***NO***	***Figures Included?***	***YES***	***NO***

Type your abstract into the boxes below (500 word limit)

Background/Research Question
Methods
Results
Conclusions/Implications