



**Poster Sessions**  
**NAHSL 2007**  
**Application Form**

Name:		
Affiliation:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Title of Poster:

Abstract: (200-250 word maximum)

Submit completed typewritten forms by **September 21, 2007** to:

**Geegee Zaveson**  
**Medical Librarian**  
**Poster Session**  
North Country Hospital  
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Newport, VT 05855  
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