



NAHSL 08 Poster Session Submission Form

Name:		
Affiliation:		
Address:		
Address (cont.):		
City:	State:	Zip:
Phone:	Email:	

Title of Poster:

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Abstract: (250 word maximum)

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Has this poster been previously displayed? Yes No If so, where? _____

Submit completed forms by **September 22, 2008** to:

Len Levin

NAHSL 08 Program Chair

Lamar Soutter Library

University of Massachusetts Medical School

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