Great Plains Infectious Disease

Registration

8th Great Plains Pathogenesis Meeting

Saturday, September 12, 2009
University of Kansas Medical Center
Kansas City, KS

Email Form to: **gpid@kumc.edu**
Deadline: **Friday, August 28, 2009, 5 P.M. CDT**

First Name: Last Name:

Institution:

Department:

Email Address:

Question 1. Will you present a poster? Yes ☐ No ☐
(If yes, enter abstract text below)

Question 2. Are you planning on attending the reception on Saturday evening? Yes ☐ No ☐

Poster Title, Authors, *Institution(s),* Abstract (≤ 250 words):