

# 41st<sup>th</sup> Annual Midwest Student Biomedical Research Forum

SATURDAY, FEBRUARY 20, 2010

YES, I will participate as a Judge for:

\_\_\_ **Abstracts** (Review abstracts in January)  
and/or

\_\_\_ **The Forum** (Judging the day of the Forum-Saturday, February 20, 2010) for:

\_\_\_ Oral Presentations in the: \_\_\_ Morning \_\_\_ Afternoon \_\_\_ Either

\_\_\_ Poster Presentations in the: \_\_\_ Morning \_\_\_ Afternoon \_\_\_ Either

Areas in which I would be willing to judge: (Check as many as appropriate and please try to be as broad as possible)

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Anatomy         | <input type="checkbox"/> Gastroenterology       | <input type="checkbox"/> Nursing                 | <input type="checkbox"/> Physiology          |
| <input type="checkbox"/> Anesthesiology  | <input type="checkbox"/> Geriatrics             | <input type="checkbox"/> OB-GYN                  | <input type="checkbox"/> Preventive Medicine |
| <input type="checkbox"/> Biochemistry    | <input type="checkbox"/> Hematology             | <input type="checkbox"/> Oncology                | <input type="checkbox"/> Psychiatry          |
| <input type="checkbox"/> Cancer Research | <input type="checkbox"/> Immunology             | <input type="checkbox"/> Ophthalmology           | <input type="checkbox"/> Pulmonary           |
| <input type="checkbox"/> Cardiology      | <input type="checkbox"/> Infectious Disease     | <input type="checkbox"/> Orthopedics             | <input type="checkbox"/> Radiology           |
| <input type="checkbox"/> Cell Biology    | <input type="checkbox"/> Internal Medicine      | <input type="checkbox"/> Otolaryngology          | <input type="checkbox"/> Surgery             |
| <input type="checkbox"/> Dentistry       | <input type="checkbox"/> Microbiology           | <input type="checkbox"/> Pathology               | <input type="checkbox"/> Toxicology          |
| <input type="checkbox"/> Dermatology     | <input type="checkbox"/> Molecular Biology      | <input type="checkbox"/> Pediatrics              | <input type="checkbox"/> Urology             |
| <input type="checkbox"/> Endocrinology   | <input type="checkbox"/> Nephrology             | <input type="checkbox"/> Pharmaceutical Sciences | <input type="checkbox"/> Veterinary Science  |
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Neurology/Neurosurgery | <input type="checkbox"/> Pharmacology            | <input type="checkbox"/> Other _____         |

Briefly describe your personal research interests:

\_\_\_ **NO**, I will not be able to participate

Full Name and Degree

**(PLEASE PRINT CLEARLY)**

- University of Nebraska Medical Center
- Creighton University Medical Center

- Veterans Administration Medical Center
- Other \_\_\_\_\_

Department Name

Department Phone

Campus/Zip

Email Address

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**PLEASE RETURN BY FRIDAY, DECEMBER 18, 2009**