

48th Annual Midwest Student Biomedical Research Forum

Saturday, March 4, 2017

YES, I will participate as a Judge for:

___ **Abstracts** (Review abstracts in January)
and/or

___ **The Forum** (Judging the day of the Forum-Saturday, March 4, 2017) 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"/> General Surgery | <input type="checkbox"/> Neuroscience | <input type="checkbox"/> Physiology |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Genomics | <input type="checkbox"/> Nursing | <input type="checkbox"/> Preventive Medicine |
| <input type="checkbox"/> Biochemistry | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> OB-GYN | <input type="checkbox"/> Proteomics |
| <input type="checkbox"/> Cancer Research | <input type="checkbox"/> Hematology | <input type="checkbox"/> Oncology | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Cardiovascular Surgery | <input type="checkbox"/> Immunology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Pulmonary |
| <input type="checkbox"/> Cell Biology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Microbiology | <input type="checkbox"/> Pathology | <input type="checkbox"/> Toxicology |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Molecular Biology | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Pharmaceutical Sciences | <input type="checkbox"/> Veterinary Science |
| <input type="checkbox"/> Gastroenterology | <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

- Veterans Administration Medical Center
 Other _____

Department Name

Department Phone

Campus/Zip

Email Address

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PLEASE RETURN BY MONDAY DECEMBER 12, 2016