

# ASHG 2006 Nominator Submission Form for Student Award Nominee

Form Receipt Deadline: June 30, 2006

Fax: (301) 634-7079

NAME OF PRESENTING AUTHOR/NOMINEE \_\_\_\_\_

- Pre  
 Post

Doctoral

ABSTRACT CONTROL # \_\_\_\_\_

NAME OF NOMINATOR \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS/AFFILIATION OF NOMINEE \_\_\_\_\_

CITY & STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

TITLE OF ABSTRACT: \_\_\_\_\_

ABSTRACT TOPIC (PLEASE CIRCLE):

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

## THE FOLLOWING INFORMATION IS TO BE COMPLETED AND SIGNED BY THE NOMINATOR

1. Please provide the date (month and year) the nominee arrived at your laboratory:
2. If postdoctoral, when did he/she receive his/her degree, i.e., MD/PhD:
3. If predoctoral, when did he/she receive his/her degree, i.e., MD/PhD:
4. List any publications (published or in press) related to the presented work on which the nominee is an author:

My signature constitutes certification that the above student had a major share in the work described in this abstract.

*Nominator Signature* \_\_\_\_\_

