

**CENTER FOR GENOMIC RESEARCH**  
**Annual Research Symposium – April 17<sup>th</sup> 2026**

**CONTACT INFORMATION**

Name (Required): \_\_\_\_\_

Terminal Degree (Already Awarded): \_\_\_\_\_

Email (Required): \_\_\_\_\_

Confirm Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Classification (Required): \_\_\_\_\_

(e.g., Faculty/PI; Postdoc/Staff Scientist; Graduate Student; Undergraduate Student)

Institution (Required): \_\_\_\_\_

Department/Division: \_\_\_\_\_

Institutional Address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**MEETING INFORMATION**

Please indicate whether you would like to present, and what format would be appropriate for your research. If you intend to present, please submit a brief abstract (see below).

POSTER - YES: \_\_\_\_ NO: \_\_\_\_

Mini-talk (15 minutes YES: \_\_\_\_ NO: \_\_\_\_

Title of Poster: \_\_\_\_\_

Title of Mini-talk : \_\_\_\_\_



Abstract (250 words or less):

