## AASV STUDENT SEMINAR CO-AUTHOR CONFIRMATION FORM

(only one co-author confirmation form is needed per abstract)

## STUDENT INFORMATION

Student Name:

## Abstract Title: <br> CO-AUTHOR INFORMATION

Name:

Position:
Affiliation: $\qquad$
E-mail Address:
(please note: co-author form must be e-mailed directly from this account)

Phone:

## CO-AUTHOR CONFIRMATION

Please certify by checking the following statements:
Ol accept being listed as a co-author on this abstract.
Olattest to this student's character and interest in swine medicine.
Olam a veterinarian and/or veterinary school faculty member.

Ol have worked with this student in (check all that apply):Design of the projectImplementation of the projectDevelopment of this abstract

## COMMENTS:

(optional)

Save this form as "StudentLastName_StudentFirstName_CoAuthorForm.pdf" (example: Smith_Mary_CoAuthorForm.pdf) E-mail the saved form to Dr. Alex Ramirez: alex@aasv.org (send from the e-mail address you listed above).

