



AASV STUDENT SEMINAR CO-AUTHOR CONFIRMATION FORM

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

STUDENT INFORMATION

Student Name: _____

Abstract Title: _____

CO-AUTHOR INFORMATION

Name: _____

Position: _____

Affiliation: _____

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:

- ☐ I accept being listed as a co-author on this abstract.
- ☐ I attest to this student's character and interest in swine medicine.
- ☐ I am a veterinarian and/or veterinary school faculty member.
- ☐ I have worked with this student in (check all that apply):
 - ☐ Design of the project
 - ☐ Implementation of the project
 - ☐ Development 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@aaav.org (send from the e-mail address you listed above).

Due date: Monday, September 23, 2013, 11:59 pm CDT