

IFISH 4 – Abstract Submission Form

Deadline for submission: January 15, 2009 (received)

TITLE:

Name of Corresponding Author:

Affiliation (company or organization and department):

Mailing address:

City:

State or Province:

Zip or postal code:

Country:

Email:

Telephone:

Fax:

First Author (if not the same as that of Corresponding Author):

Affiliation:

Presenting Author (if not the same as Corresponding Author):

Affiliation:

IFISH use:

Abstract #

Date abstract received

Date registration/fees received

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