

**FSU COLLEGE OF MEDICINE  
ABSTRACT FORM | RESEARCH AND GRADUATE PROGRAMS**

**Abstract/membership requests must be received a minimum of two weeks prior to due date**

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**FUND (Provided by PI)\*:** \_\_\_\_\_

**Conference/Meeting:** \_\_\_\_\_

**Abstract Due Date:** \_\_\_\_\_

**Membership required?                      YES                      NO**

**ANTICIPATED CHARGES:**

**Abstract Fees:** \_\_\_\_\_

**Membership Fees:** \_\_\_\_\_

**TOTAL CHARGES:** \_\_\_\_\_

**Traveler's Signature:** \_\_\_\_\_

**PI's Signature:** \_\_\_\_\_

**Suzanne Baker's Signature:** \_\_\_\_\_

**Comments:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Division allowance is not applicable to membership or abstract fees\***