



**AASV STUDENT SEMINAR
CO-AUTHOR CONFIRMATION FORM**
(only one co-author confirmation form is needed per abstract)

2017

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Student Name: _____

Abstract Title: _____

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Name: _____

Position: _____

Affiliation: _____

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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 (check all that apply): University faculty AASV member Veterinarian
- I have worked with this student in (check all that apply):
 - Design of the project
 - Implementation of the project
 - Development of this abstract

COMMENTS:

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Save this form as "*StudentLastName_StudentFirstName_CoAuthorForm.pdf*" (example: Smith_Mary_CoAuthorForm.pdf)

E-mail the saved form to Dr. Maria Pieters: pieters@aasv.org (send from the e-mail address you listed above).

Due date: Wednesday, September 21, 2016, 11:59 pm CDT