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Principal Investigator: _____ Project ID: _____

POSTER/PUBLICATION INFORMATION

Name of Conference/Journal: _____

Deadline for Submission: _____

TEACHING/PRESENTATION/ RESEARCH

Name of Course/Program: _____

Department: _____

Principal Investigator: _____ Date: _____

(Signature)

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Revisions Needed

Comments: _____

(If more space is needed please append the document to this form and return to the PI. Approval will not be given until all revisions have been made and reviewed by the AOC)

Approval of Signature by Chair/Designee of the Anatomy Oversight Committee: _____

Date: _____