



# 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](mailto:alex@aaav.org) (send from the e-mail address you listed above).

**Due date: Monday, September 26, 2011, 11:59 pm CDT**