

**INTERCAMPUS VIROLOGY RETREAT - FLYSWAT 2005**  
**March 13 & 14 (Sunday - Monday)**  
**Lied Lodge & Conference Center, Arbor Day Farm**  
**Nebraska City, NE**

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**Form A**  
**TALK AND POSTER REGISTRATION**  
**Due February 25, 2005**

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Please send this form (hardcopy or electronic) to:

**Dr. Clinton Jones**  
**University of Nebraska**  
**103 Veterinary and Biomedical Sciences**  
**Lincoln NE 68583-0905**  
**E-mail: [cjones@unlnotes.unl.edu](mailto:cjones@unlnotes.unl.edu)**

Note: this form can be completed for your lab.

**FACULTY/PRINCIPAL INVESTIGATOR**

NAME:

MAILING ADDRESS:

E-MAIL OR FAX #:

TALK TITLE:

POSTER TITLE:

**POSTDOCTORAL RESEARCH ASSOCIATES**

NAME

PHONE #

TALK TITLE:

TITLE OF POSTER:

NAME

PHONE #

TALK TITLE:

TITLE OF POSTER:

NAME

PHONE #

TALK TITLE:

TITLE OF POSTER:

**GRAD STUDENTS**

NAME

PHONE #

TALK TITLE:

TITLE OF POSTER:

NAME

PHONE #

TALK TITLE:

TITLE OF POSTER:

NAME

PHONE #

TALK TITLE:

TITLE OF POSTER: