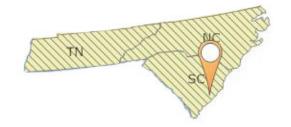
REGISTRATION AND ABSTRACT SUBMISSION FORM

1st Annual Cancer Health Disparities Symposium Charleston, South Carolina March 16-17, 2017



Website: http://www.hollingscancercenter.org/about-hollings/commitments/GMaP/

Abstract deadline: February 3, 2017

GENDER: ___ Male ___ Female

Speakers will be notified within two weeks of submission.

To register and/or submit an abstract, <u>download</u>, <u>rename and save the form</u> and then click SUBMIT. An email will be created with the form attached and sent to <u>gmapregion1s@gmail.com</u>. If you encounter a problem or have questions, use the aforementioned email address to contact us.

REGISTRATION GEOGRAPHICAL MANAGEMENT OF CANCER HEALTH DISPARITIES PROGRAM MEMBERSHIP: Please indicate the Region you are a member of below. GMaP Region 1S Member Nonmember /Not Applicable GMaP Region 1N, 2, 3, 4, or 5 NAME **TITLE/ POSITION** INSTITUTION/ORGANIZATION STREET ADDRESS/P.O. BOX CITY/STATE ZIP OR POSTAL CODE **TELEPHONE** FAX **EMAIL** SCIENTIFIC RESEARCH FOCUS: ___Basic ___Translational ___Clinical ___Population Science RACE OR ETHNIC BACKGROUND (check all that apply): White ____ African American or Black ____ Hispanic or Latino ____ Asian Native American ____ Alaskan Native ____ Native Hawaiian or Pacific Islander __ Other__

ABSTRACT		
TITLE:		
AUTHOR/S).		
AUTHOR(S): Name (First, Last)	Institutional/Organizational Affiliation	Presenter
PRESENTATION TYPE: _	Oral presentationPoster presentation	No preference
ABSTRACT (LIMIT 250 WC	ORDS):	

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