

BETA BETA BETA AUTHOR DATA SHEET

This form, must be completed, signed and returned to the convention director before a paper can be presented at any TriBeta meeting. A copy must accompany abstracts sent to the National Office for publication in BIOS.

Author's Name(s) _____

Name(s) of supervising faculty _____

Paper title _____

Sponsoring TriBeta chapter _____

Membership status at time of presentation (choose one for each author):

Author #1: Active ___ **Assoc.** ___ **Grad.** ___ **Year initiated** _____

Author #2: Active ___ **Assoc.** ___ **Grad.** ___ **Year initiated** _____

Author #3: Active ___ **Assoc.** ___ **Grad.** ___ **Year initiated** _____

Institution where work was completed: _____

Is this work part of a larger research program? Yes ___ **No** ___

If yes give name of program director. _____

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Address and phone number at which you can be contacted:

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We state that the above information is accurate and truthful.

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