



Virginia Mosquito Control Association Student Competition:  
2017-2018 Poster Submission Form

Student information (**primary author of poster only**):

Name (first and last): \_\_\_\_\_

Title of poster: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Alternative phone number: \_\_\_\_\_

Information associated with the Virginia College or University the student is enrolled in:

Name of Virginia College or University: \_\_\_\_\_

Degree and program enrolled in: \_\_\_\_\_

Last semester of enrollment: \_\_\_\_\_

Name of advisor or mentoring professor (if applicable) (first and last): \_\_\_\_\_

\_\_\_\_\_

Current title/position of advisor: \_\_\_\_\_

Email and phone number of advisor: \_\_\_\_\_

Department within the college/university your advisor works in: \_\_\_\_\_

\_\_\_\_\_

Please fill out this submission form to the best of your abilities and attach a copy with your poster submission. Email should be sent to [Kakaratic@suffolkva.us](mailto:Kakaratic@suffolkva.us)