



Virginia Mosquito Control Association Student Competition:
2016/2017 Poster Submission Form

Student information (primary author of poster):

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