Scientific Exhibit Application

AMERICAN ACADEMY OF FAMILY PHYSICIANS

TWENTY-EIGHTH ANNUAL SCIENTIFIC ASSEMBLY

BOSTON, SEPTEMBER 20-23, 1976

The following information is necessary to guide the Subcommittee on Scientific Exhibits in its selections and to assure adequate physical facilities at the Assembly for accepted exhibits. Please read carefully, fill in completely (type if possible), and return, *in duplicate* (see address on last page) no later than May 1, 1976.

1. EXACT EXHIBIT TITLE _____

2. PERSONNEL (highest degree attained)

   A. Senior Exhibitor _____

   Title _____

   Organization _____

   Address _____ Zip _____

   Telephone _____

   B. List all other physicians and senior scientists who conducted the research on which the exhibit is based; only these names will appear in the printed program:

   Name _____

   Title _____

   Address _____

   _____

   C. Contact (Individual to whom correspondence should be addressed, if not the senior exhibitor)

   Name _____

   Address _____ Zip _____

   Telephone _____

3. BOOTH DESCRIPTION FOR PROGRAM—Please describe the exhibit in 50 words, as you would like to have it appear in the printed Official Program. The Academy reserves the right to edit your copy if necessary. Please type double-spaced.

This application must be returned in duplicate