***Florida Society for Clinical Laboratory Sciences (FSCLS)***

***May 06, 2016 FSCLS Spring Symposium***at  
NEMOUR’S CHILDREN HOSPITAL

13535 Nemours Parkway, Orlando, FL 32827

***Call for Abstract***

**Please submit this completed form along with a current C.V. to Tripat Kaur at** [**tripat@gmail.com**](mailto:tripat@gmail.com)**. Speakers may bring handouts for distribution during the presentation. Thank you.**

### Due Date: April 04, 2016 for full consideration by peer reviewers

**Name of Presenter(s):** \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Institution:** \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_ \_\_\_\_\_ **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Title of Presentation:** \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brief Abstract or Session Description** (**please use 50 words or less to describe your presentation):**

**Objectives -** **please list 3 objectives that upon the completion of your presentation, the participant should be able to:**

\_\_\_ I will bring handouts.

###### BIOGRAPHICAL DESCRIPTION OF LEAD PRESENTER

**Please also include a short (50 words or less) bio sketch.**