

MSRC OPEN FORUM INTENT TO PRESENT FORM

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The Michigan Society for Respiratory Care

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2. Description of Topic:

3. Primary Presenter's Name (Last, First, Credentials, Job Title):

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5. Phone Number: _____ **Fax Number:** _____

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6. Secondary Authors/Presenters Names, Credentials and Job Titles:

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YES _____ **NO** _____

8. Will you need study design and/or poster preparation assistance from the MSRC Research Committee?

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