

POSTER COMPETITION

Evaluator Participation Form

EVALUATOR DUTIES

Each evaluator will select the best poster presentation of the group for an award, unless the evaluation determines that none of the presentations is worthy of an award.

PERSONAL INFORMATION

Full Name: _____

Email: _____

Title: _____

Institution/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

EVALUATOR BACKGROUND

Highest College Degree: _____

Major: _____

Institution: _____

BIOGRAPHICAL INFORMATION

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