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**2nd Annual Conference**

**Life Sciences Building, York University**

**Friday October 18, 2019**

**Please fill out the form below. Please email the completed form as an attachment to** **tsushima@yorku.ca** **to register for and/or submit an abstract for the SOCRA Conference.**

**Please register by Friday October 11, 2019.**

**If you are having issues filling out the form below, please submit the below required information in the body of the text to** **tsushima@yorku.ca****.**

**Please fill out all of the following fields:**

**Name (First and Last):** Click here to enter text.

**University:** Click here to enter text.

**Supervisor:** Click here to enter text.

**Current Degree Program (click the appropriate box):**

**Undergraduate** [ ]  **Master’s Degree** [ ]  **Doctoral Degree** [ ]

**Post-doctoral fellow** [ ]  **Other** [ ]  **(please specify)** Click here to enter text.

**Email Address:** Click here to enter text.

**Will you be attending the lunch? Yes** [ ]  **No** [ ]

**Do you have any dietary restrictions or food allergies? Yes** [ ]  **No** [ ]

**Are you submitting an abstract? Yes** [ ]  **No** [ ]

 **If ‘yes’, please go to the next page.**

**Please fill out the fields below ONLY IF YOU ARE SUBMITTING AN ABSTRACT FOR A POSTER PRESENTATION.**

**Abstract Title:** Click here to enter text.

**Authors:** Click here to enter text.

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**Abstract text (no figures are permitted):**

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