

International Workshop on Developmental Nephrology

***Abstract Submission Form***

*(Please Note: Tables are Permissible; Diagrams are NOT Permissible*

*2,500 Character Limit (Includes Spaces and Punctuation)*

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| **Contact/Presenting Author Information** |
| First Name:      | Last Name:      | Degree (2 Max):1.      2.       |
| Institution:      | Department:      |
| Address:      |
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| **Young Investigator Question** Please check the box that applies to the Presenting Author. |
|  [ ]  Yes, I am within 5 years of my first appointment to faculty. |
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| **Additional Authors** *\* Must List Name, Degree, Institution, and Email* |
| 1.       |
| 2.       |
| 3.      |
| 4.       |
| **Abstract**  |
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Please submit to Juliet Rodrigo, IWDN Event Coordinator

Email: julietaprilrodrigo@gmail.com