

LIMR Faculty Bi-Monthly Activities Form

Investigator Name

Date Completed

A. Grant(s) awarded:

1. Title:

Agency/Foundation:

Period of Funding:

2. Title:

Agency/Foundation:

Period of Funding:

B. Manuscripts accepted/published:

C. Talks/Seminars given:

If you have a picture of yourself giving the talk(s), please forward to Donna with this Activity Report.

1. Topic/Title:

Where & to whom:

Date(s):

Were you invited, or did you volunteer?

2. Topic/Title:

Where & to whom:

Date(s):

Were you invited, or did you volunteer?

D: Other:

Please submit this form to Donna Loyle, loyled@mlhs.org

