# LIMR Faculty Bi-Monthly Activities Form

<table>
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<tr>
<th>Investigator Name</th>
<th>Date Completed</th>
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## 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