



# Applied Research Poster

## 2020 Entry Form

Name		
Address:		County:
Town:	Georgia	Zip Code:
Phone #:	Cell #:	Email:

### GACAA District

<input type="checkbox"/> Northeast	<input type="checkbox"/> Northwest	<input type="checkbox"/> Southeast	<input type="checkbox"/> Southwest	<input type="checkbox"/> State Staff
------------------------------------	------------------------------------	------------------------------------	------------------------------------	--------------------------------------

**CATEGORY** (check one):       **Applied Research**  
 **Extension Educational Program**

**CO-PRESENTERS** (if any): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ABSTRACT:** Include specific goals, procedures and results in a maximum of 350 words or less.  
 Attach your abstract on the second page. Please include title and authors with your abstract.

My signature verifies that I am a member in good standing with GACAA, have read and understood the rules, and certify that my entry meets the requirements and all of the above is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Type your name or insert a signature file

Recipient must attend GACAA Annual Meeting/Professional Improvement Conference to receive award, unless exempted by GACAA President because of extenuating circumstances. (Established by GACAA Board action, November, 2008)

Please complete a form for each entry and return **electronically** by **October 30, 2020** to:

clarkmac@uga.edu  
 Clark MacAllister  
 GACAA Professional Excellence Chair

**ABSTRACT**