Extension Educational Program Poster

2020 Entry Form

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

GACAA District

____Northeast	_____Northwest	_____Southeast	_____Southwest	_____ 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