Please Join Us for the
Annual WNY ASM Spring Meeting
Tuesday, April 24, 2018
Hayes Hall, Room 403
3435 Main Street, Buffalo, UB South Campus
Map link: ub south campus
Park in Diefendorf or Townsend lots. No permit required after 3 PM.

Program:

Elaine Haase, Ph.D.
Research Associate Professor, University at Buffalo
School of Dental Medicine, Division of Oral Biology
“The Oral Microbiome in Sickness and in Health”

Maureen Sullivan, DDS
Chief, Department of Dentistry, Erie County Medical Center
Division of Oral Oncology and Maxillofacial Prosthetics
“Human Papillomavirus-Associated Oral Carcinomas”

David Topham, Ph.D.
Professor, University of Rochester Medical Center
Department of Microbiology and Immunology,
Center for Vaccine Biology and Immunology
“Update on the Universal Influenza Vaccine”

Registration: 4:30 - 5:00 PM
Presentations: 5:00 – 7:15 PM
Dinner: 7:15 PM

Registration Fee: $5 if you are a current WNY ASM member
$20(regular)/$10(student) if not a current member (fee includes membership)
Registration Deadline is Monday, April 16, 2018

Please complete accompanying form and return to:
Lynn Connors, WNY ASM Treasurer
23 Chisholm Trail, Orchard Park, NY 14127
H 662-7552; W 829-5184

Attendance certificates available on request
WNY ASM Spring Meeting Registration Form

Tuesday, April 24, 2018
Hayes Hall, Fourth Floor, Room 403
Main Street, UB South Campus

Registration Deadline: Monday, April 16, 2018

Cost of Program for current 2017-2018 WNY ASM Members*: $5.00
Cost of Program for non-WNY ASM Regular Members: $20.00 (fee includes membership)
Cost of Program for non-WNY ASM Student Members: $10.00 (fee includes membership)

*WNY ASM regular and student members who paid branch dues at the Fall Meeting (November, 2017) or online (Fall/Winter 2017) are considered “current” branch members.

Buffet Dinner Served includes:
- Meat and Vegetarian Selections
- Gourmet Salads
- Desserts
- Assorted Beverages
- Cash Bar

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detach here and mail________________________________________

FEE (check one): Member: $5.00  Non-Member (Regular): $20.00  Non-Member (Student): $10.00

Name________________________________________________________________________________

Affiliated Institution_____________________________________________________________________

Mailing address________________________________________________________________________

_____________________________________________________________________________________

Business/home (please circle) Phone________________________Email________________________

PLEASE INDICATE WHETHER YOU ARE/ARE NOT STAYING FOR DINNER: YES____ NO ___

Please complete the form and mail to the Branch Secretary/Treasurer, WNY ASM:
Lynn Connors
23 Chisholm Trail
Orchard Park, NY 14127
H 662-7552; W 829-5184
connorsl@buffalo.edu

Make check payable to: WNY/ASM