

AMERICAN ASSOCIATION OF SWINE VETERINARIANS SPEAKER BIOGRAPHIC SKETCH

Name _____
(first) (middle initial) (last) (degrees)

Title (Dr. , Mr., Mrs., Ms., etc.) _____

COMPLETE ADDRESS FOR ALL CORRESPONDENCE:

Office Telephone Number _____ Cell Phone Number _____

Email _____

COLLEGE DEGREES - INCLUDE FIELD OF STUDY, GRANTING INSTITUTION, YEAR RECEIVED:

CURRENT POSITION, COMPANY/INSTITUTION, YEARS HELD:

PREVIOUS PROFESSIONAL DUTIES (POSITION, COMPANY/INSTITUTION, YEARS HELD FOR EACH):

SPECIAL RECOGNITIONS, AWARDS, ETC:

Please send a head-and-shoulders photograph (jpg or png file) of yourself for AASV's mobile conference app.

Submit this form and your photo to:
American Association of Swine Veterinarians
830 26th Street
Perry, IA 50220 USA
Email: aasv@aasv.org