FLORIDA STATE UNIVERSITY

## **Default Question Block**

Thank you for being an institutional member of FURA! As you know, one of the perks of being an institutional member is being able to send up to four students to the annual Florida Undergraduate Research Posters at the Capitol. This year's event will be held in downtown Tallahassee from January 19-20, 2022!

Thank you for completing this survey, which serves as official confirmation that you and your students will be attending this event. Please fill out and read over this survey carefully. You can contact David Advent at (david.advent@fsu.edu) with any questions you may have.

Please fill out this form by November 18th, 2021!

## Institutional Contact Information

Name	
Institution	
Position Title	
Cell Phone Number	
(for emergency contact	
purposes)	
Email	
Any other information	
we should know	
relating to your health,	
mobility, dietary	
preferences, etc. (If	
nothing, please put	
N/A.)	

We are expecting that each cohort of students will be accompanied by an Institutional Representative (faculty, staff, administrator, etc.). Is the Institutional Contact listed above the same person who will be attending Florida Undergraduate Research Posters at the Capitol with their students as the Institution Representative?

O Yes		
○ No		
Institutional Represent	ative (Person Traveling with Students) Informati	ion
Name		
Institution		
Position Title		
Cell Phone Number (for emergency contact purposes)		
Email		
Any other information we should know relating to your health, mobility, dietary preferences, etc. (If nothing, please put N/A.)		

Student Information (1 of 4)	
Name	
Preferred Name (as will be	
printed on nametag and	
promotional materials)	
Pronouns	
Hometown (City, State)	
. ,	
Academic Classification (First-	
year, Second-year, Third-year, Fourth-year+)	
,	
Student Email	
Student Cell Phone Number	
Supervising Research Mentor	
Name	
Supervising Research	
Mentor's Email	
Project Title	
Emergency Contact	
Information (Name and phone	
number)	
Any other information we	
should know about the	
student relating to health,	
mobility, dietary preferences,	
etc. (If nothing, please put N/A.)	
Please list your State	
Legislative House	
Representative	
(https://www.myfloridahouse.gov	
/findyourrepresentative) using	
Student's Home Address	
Please list your State	
Legislative Senate	
Representative	
(https://www.myfloridahouse.gov	
/findyourrepresentative) using Student's Home Address	
Cladelle of Hellie Address	

Abstract (up to 250 words) for Student Presentation 1 of 4

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250 word or loss biography for Student 1 of 4	
250 word or less biography for Student 1 of 4	
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1-2 sentence description of the significance of student's research to the	e discipilne and the
uniqueness of student's research for Student 1 of 4	
•	

Will you b	be bringing anot	her student to U	JR Posters at th	ne Capitol?
O Yes				
O No				

Student Information (2 of 4)	
Name	
Preferred Name (as will be printed on nametag and promotional materials) Pronouns	
Hometown (City, State) Academic Classification (First- year, Second-year, Third-year, Fourth-year+)	
Student Email	
Student Cell Phone Number	
Supervising Research Mentor Name Supervising Research	
Mentor's Email	
Project Title	
Emergency Contact Information (Name and phone number) Any other information we	
should know about the student relating to health,	
mobility, dietary preferences,	
etc. (If nothing, please put N/A.)	
Please list your State Legislative House	
Representative	
(https://www.myfloridahouse.gov/findyourrepresentative) using	
Student's Home Address	
Please list your State	
Legislative Senate	
Representative	

Abstract (up to 250 words) for Student Presentation 2 of 4

(https://www.myfloridahouse.gov/findyourrepresentative) using Student's Home Address

Prepare a 250 word or less biography on your prior research, work experience, or	
volunteer experience.	
Write a 1-2 sentence description of the significance of your research to the discipling	ne and
the uniqueness of your research.	
Will you be bringing another student to UR Posters at the Capitol?	
○ Yes	
○ No	

Student Information (3 of 4)	
Name	
Preferred Name (as will be printed on nametag and promotional materials)	
Pronouns	
Hometown (City, State)	
Academic Classification (First- year, Second-year, Third-year, Fourth-year+)	
Student Email	
Student Cell Phone Number	
Supervising Research Mentor Name Supervising Research Mentor's Email	
Project Title	
Emergency Contact Information (Name and phone number)	
Any other information we should know about the student relating to health,	
mobility, dietary preferences, etc. (If nothing, please put	
N/A.) Please list your State Legislative House	
Representative (https://www.myfloridahouse.gov	
/findyourrepresentative) using Student's Home Address Please list your State Legislative Senate	
Representative	
(https://www.myfloridahouse.gov/findyourrepresentative) using	

Abstract (up to 250 words) for Student Presentation 3 of 4

Student's Home Address

Prepare a 250 volunteer expe	word or less bio	ography on you	ur prior resear	ch, work expe	erience, or
Vrite a 1-2 ser	itence descripti	on of the signi	ficance of you	ır research to	the discipline
	of your research		nounce or you	ii researon to	the discipline t

Will yo	u be bringing	another stu	dent to UR F	Posters at the	e Capitol?
O Ye	es				
O No	)				

Student Information (4 of 4)	
Name	
Preferred Name (as will be printed on nametag and promotional materials)	
Pronouns	
Hometown (City, State)	
Academic Classification (First- year, Second-year, Third-year, Fourth-year+)	
Student Email	
Student Cell Phone Number Supervising Research Mentor Name	
Supervising Research Mentor's Email	
Project Title	
Emergency Contact Information (Name and phone	
number) Any other information we should know about the student relating to health,	
mobility, dietary preferences,	
etc. (If nothing, please put N/A.)	
Please list your State Legislative House	
Representative (https://www.myfloridahouse.gov	
/findyourrepresentative) using	
Student's Home Address	
Please list your State	
Legislative Senate	

Abstract (up to 250 words) for Student Presentation 4 of 4

Representative

(https://www.myfloridahouse.gov/findyourrepresentative) using Student's Home Address

Prepare a 250 word or less biography on your prior research, work expe	erience or
volunteer experience.	
Write a 1-2 sentence description of the significance of your research to	the discipline and
the uniqueness of your research.	

State Representative Portion

Note: For institutions that do not have an Office of Governmental Affairs or a contact who

can schedule these types of meetings, we will be grouping them based on representative districts with institutions that are able to do so, as best as we can.

Please fill out contact information for your Office of Governmental Affairs (OGA or related office) contact or similar contact at your institution that could help schedule meetings with representatives.

Name	
Institution	
Phone Number	
Email	

January 19th Welcome Dinner and Advocacy Training Workshop

We are excited to have as part of this event our Advocacy Training Workshop. This is a wonderful opportunity for your students to learn how to advocate for undergraduate research at this event and to network with students from other institutions, as well. We expect that all institutions planning to participate in the presentation component of this event (on January 20th) will also attend the January 19th Advocacy Training Workshop.

This year, we will be catering a dinner so that all participants can interact with each other. Please fill out the following information:

Please tell us how many people you will be bringing to the Advocacy Training Workshop held on January 19th (this will help us plan the dinner).

Number of Students	
Number of	
Faculty/Staff	
Number of Other	
Persons Attending	

Please use this space to record any comments that were not covered in the survey (including food/dietary restrictions of people who will be attending the dinner).

Qualtrics Survey Software

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