Virginia Mosquito Control Association Student Competition

2025-2026 Poster Submission Form

Student information (**primary author of poster only**):

Name (first and last): _____

Title of poster: _____

_____

Email: _____

Phone number: _____

Alternative phone number: _____

Information associated with college or university the student is enrolled in:

Name of Virginia college or university: _____

Degree and program enrolled in: _____

Last semester of enrollment: _____

Name of advisor or mentoring professor (if applicable; first and last): _____

_____

Current title/position of advisor: _____

Email and phone number of advisor: _____

Department within the college/university your advisor works in: _____

_____

Please fill out this submission form to the best of your abilities and attach a copy with your poster submission. Email should be sent to Jkiser@Suffolkva.us

By submitting this form, you are giving VMCA permission to print your poster and display it at the 2026 VMCA Conference.