

# YOUNGICCA

## Publication Submission Form

<b>1</b>	First Name	Last Name

<b>2</b>	Date of birth ( <i>mm/dd/yyyy</i> )	<b>3</b>	Nationality	<b>4</b>	Gender
				Male	Female

<b>5</b>	Employer/academic institution

<b>6</b>	Email address

<b>7</b>	Physical address ( <i>not for publication - for internal use only</i> )	
Street Address		
City	State	Postal Code
Country		

<b>8</b>	Telephone number ( <i>not for publication - for internal use only</i> )

<b>9</b>	Region										
<input type="checkbox"/>	Europe	<input type="checkbox"/>	Africa	<input type="checkbox"/>	Asia	<input type="checkbox"/>	Australasia	<input type="checkbox"/>	US/Canada	<input type="checkbox"/>	Latin America

<b>10</b>	Title of article

<b>11</b>	Summary of article ( <i>one sentence</i> )

<b>11</b>	Citation to previous publication ( <i>if applicable</i> ) ( <i>citation form: first name, last name, title of article, volume or number of journal, title of journal, and year of publication</i> )

<b>12</b>	Signature and date

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