**ABSTRACT PRESENTATION CHANGE FORM**

*Instructions:* Please complete the information below ONLY if you have changes to the speaker, presentation title, authors or institution. PRINT OR TYPE. Email to ASDP using contact information at the bottom of this page.

**CURRENT PRESENTATION INFORMATION:**

Abstract Number: __________________________ Speaker Name: __________________________

Presentation Title: __________________________

Session: (check one)

- [ ] Duel in Dermatopathology
- [ ] Fellows’ Presentation
- [ ] Poster Presentation

- [ ] Oral Session 1
- [ ] Oral Session 2
- [ ] Oral Session 3

**NEW PRESENTATION INFORMATION:**

New Speaker Name and Designation: __________________________

(As it should appear in print)

New Title: __________________________

Author Change:

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<th>Author Order</th>
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Other (provide detailed instructions): __________________________

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