14th Annual Pediatric Research Day

On behalf of Wayne State University/Children’s Hospital of Michigan, Department of Pediatrics, and Michigan State University, Department of Pediatrics and Human Development, and in association with the NIEHS Superfund Research Program Community Engagement Core....

We invite you to attend the 14th Annual Pediatric Research Day, “Community Engagement in Child and Maternal Health.” The keynote speakers will be joined by several trainees chosen to present their research. We look forward to seeing you there!

Keynote Speakers

- **Anthony Alfieri**, JD, AB; Professor of Law and Dean’s Distinguished Scholar, University of Miami; Director, Center for Ethics and Public Service; Founder, Historic Black Church Program
- **Philip J. Landrigan**, MD, MSc, FAAP; Dean for Global Health; Ethel H. Wise Professor and Chair; Department of Preventive Medicine, Professor of Pediatrics; Director, Children’s Environmental Health Center, Icahn School of Medicine at Mount Sinai
- **Yvonne Maddox**, PhD; Acting Director, National Institute on Minority Health and Health Disparities, National Institutes of Health
- **M. Roy Wilson**, MD, MS; President, Wayne State University

Registration, Breakfast, Poster Set Up | 7:30-8:15
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Welcome | 8:15-8:25
Introductory Remarks: Sen. Stabenow | 8:25-8:35
Keynote Speaker: M. Roy Wilson | 8:35-9:10
Trainee Oral Presentations | 9:10-9:55
Break | 9:55-10:10
Keynote Speaker: Philip J. Landrigan | 10:10-10:55
Poster Session A | 10:55-12:00
Lunch | 12:00-12:45
Poster Session B | 12:45-1:45
Keynote Speaker: Yvonne Maddox | 1:45-2:30
Trainee Oral Presentations | 2:30-3:15
Keynote Speaker: Anthony Alfieri | 3:15-4:00
Panel Discussion | 4:00-5:00
Evaluation and Awards | 5:00-5:15
14th Annual Pediatric Research Day:
“Community Engagement in Child and Maternal Health”
Wednesday, March 18, 2015

McGregor Memorial Conference Center, Wayne State University
495 Ferry Mall, Detroit MI 48020

Registration Form

First Name: ___________________________ Last Name: ___________________________

Degree/Title: ________________________________________________________________

Circle One:

Undergraduate Student          Medical Student          Resident          Graduate Student
Post-doctoral (PhD) Fellow      Medical (MD/DO) Fellow      Faculty          Other

Affiliation: _________________________________

Address: _________________________________

Phone: _________________________________

E-Mail Address: _________________________________

Fax your completed registration form to Michelle Volker at 517-355-7254. A confirmation will be emailed to the address provided above. For additional information, feel free to contact Michelle at 517-355-4664 or volkerm@msu.edu.

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