



**RESEARCH**

**OSU Research Signature Event  
Post-Event Form**

- **Title:**
- **Location (either address or room number and building):**
- **Date:**
- **Approximate number of OSU attendees:**
- **Approximate number of industry or community member attendees:**
- **Account number for reimbursement:**
- **Signature of event coordinator:**

**Please email to [vrprograms@okstate.edu](mailto:vrprograms@okstate.edu)**