UTHealth Houston General

Signature template (UTHealth Houston 50th Anniversary email logo)

Name Title Pronouns: (X/Y/Z)

#UTHealth Houston



Office/Department/Center/Institute | Area or team within office/department/etc. *optional* Address | Suite, Room, or Floor | City, State ZIP XXX-XXX-XXXX Phone | XXX-XXX Cell | XXX-XXX Fax www.uth.edu (or department/school website) *optional*

Signature template (UTHealth Houston email logo)

Name

Title Pronouns: (X/Y/Z)

#UTHealth Houston

Office/Department/Center/Institute | Area or team within office/department/etc. *optional* Address | Suite, Room, or Floor | City, State ZIP XXX-XXX-XXXX Phone | XXX-XXX-XXXX Cell | XXX-XXX-XXXX Fax www.uth.edu (or department/school website) *optional*

Signature template (type only)

Name Title Pronouns: (X/Y/Z)

UTHealth Houston

McGovern Medical School

Signature template (UTHealth email logo + school name)

Name Title Pronouns: (X/Y/Z)

#UTHealth Houston McGovern Medical School

Office/Department/Center/Institute | Area or team within office/department/etc. *optional* Address | Suite, Room, or Floor | City, State ZIP XXX-XXX-XXXX Phone |XXX-XXX-XXXX Cell| XXX-XXX-XXXX Fax www.uth.edu (or department/school website) *optional*

Signature template (type only + school name)

Name Title Pronouns: (X/Y/Z)

UTHealth Houston | McGovern Medical School

Office/Department/Center/Institute | Area or team within office/department/etc. *optional* Address | Suite, Room, or Floor | City, State ZIP XXX-XXX-XXXX Phone |XXX-XXX-XXXX Cell| XXX-XXXX-XXXX Fax www.uth.edu (or department/school website) *optional*

continued down next page

Graduate School of Biomedical Sciences

Signature template (UTHealth + MDACC dual email logo)

Name Title Pronouns: (X/Y/Z)



Graduate School of Biomedical Sciences

Office/Department/Center/Institute | Area or team within office/department/etc. *optional* Address | Suite, Room, or Floor | City, State ZIP XXX-XXX-XXXX Phone |XXX-XXX-XXXX Cell| XXX-XXXX-XXXX Fax www.uth.edu (or department/school website) *optional*

Signature template (type only + school name)

Name Title Pronouns: (X/Y/Z)

The University of Texas MD Anderson Cancer Center UTHealth Graduate School of Biomedical Sciences

Office/Department/Center/Institute | Area or team within office/department/etc. *optional* Address | Suite, Room, or Floor | City, State ZIP XXX-XXX-XXXX Phone |XXX-XXX-Cell| XXX-XXX-XXXX Fax www.uth.edu (or department/school website) *optional*

continued down next page

School of Biomedical Informatics

Signature template (UTHealth email logo + school name)

Name Title Pronouns: (X/Y/Z)

#UTHealth Houston School of Biomedical

Informatics

Office/Department/Center/Institute | Area or team within office/department/etc. *optional* Address | Suite, Room, or Floor | City, State ZIP XXX-XXX-XXXX Phone |XXX-XXX-XXXX Cell| XXX-XXX-XXXX Fax www.uth.edu (or department/school website) *optional*

Signature template (type only + school name)

Name

Title Pronouns: (X/Y/Z)

UTHealth Houston | School of Biomedical Informatics

School of Dentistry

Signature template (UTHealth email logo + school name)

Name Title Pronouns: (X/Y/Z)

#UTHealth Houston School of Dentistry

Office/Department/Center/Institute | Area or team within office/department/etc. *optional* Address | Suite, Room, or Floor | City, State ZIP XXX-XXX-XXXX Phone |XXX-XXX-XXXX Cell| XXX-XXX-XXXX Fax www.uth.edu (or department/school website) *optional*

Signature template (type only + school name)

Name Title Pronouns: (X/Y/Z)

UTHealth Houston | School of Dentistry

Cizik School of Nursing

Signature template (UTHealth email logo + school name)

Name Title Pronouns: (X/Y/Z)

#UTHealth Houston Cizik School of Nursing



Office/Department/Center/Institute | Area or team within office/department/etc. *optional* Address | Suite, Room, or Floor | City, State ZIP XXX-XXX-XXXX Phone |XXX-XXX-XXXX Cell| XXX-XXX-XXXX Fax www.uth.edu (or department/school website) *optional*

Signature template (type only + school name)

Name

Title Pronouns: (X/Y/Z)

UTHealth Houston | Cizik School of Nursing

Office/Department/Center/Institute | Area or team within office/department/etc. *optional* Address | Suite, Room, or Floor | City, State ZIP XXX-XXX-XXXX Phone |XXX-XXX-XXXX Cell| XXX-XXX-XXXX Fax www.uth.edu (or department/school website) *optional*

continued down next page

School of Public Health

Signature template (UTHealth email logo + school name)

Name Title Pronouns: (X/Y/Z)

#UTHealth Houston School of Public Health

Office/Department/Center/Institute | Area or team within office/department/etc. *optional* Address | Suite, Room, or Floor | City, State ZIP XXX-XXXX Phone | XXX-XXXX Cell | XXX-XXXX Fax

Signature template (type only + school name)

Name Title Pronouns: (X/Y/Z)

UTHealth Houston | School of Public Health