



INSTITUTE *for* HEALTHCARE ADVANCEMENT

IHA's 17th Annual Health Literacy Conference

Poster Application

About Your Poster Presentation

Poster title: _____

Target population: _____

Poster category (select 1 that best represents your work):

- Educating Professionals
- Affordable Care Act
- Patient Education
- Public Health
- Collaborative Work

Project summary or abstract:

Project outcomes:

How could other organizations use your project findings to advance their own work?



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Poster Presenter Info Sheet

Instructions: Fill out this page with the information for your **primary** poster presenter. This is the person we will contact if we have any questions about your application.

If you have more than 1 poster presenter: Provide information for any additional poster presenters on the following pages.

Primary Poster Presenter

First name: _____ Last name: _____

Credentials: _____ Title: _____

Institution / Organization: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Does this person have previous poster presentation experience? Yes No

→ If yes, would this person like to be a poster mentor? Yes No

→ If no, would this person like help from a poster mentor? Yes No

Biography (no more than 75 words):



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Second Poster Presenter (if any)

First Name: _____ Last Name: _____

Credentials: _____ Title: _____

Institution / Organization: _____

Email: _____

Does this person have previous poster presentation experience? Yes No

→ If yes, would this person like to be a poster mentor? Yes No

→ If no, would this person like help from a poster mentor? Yes No

Biography (no more than 75 words):



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Third Poster Presenter (if any)

First Name: _____ Last Name: _____

Credentials: _____ Title: _____

Institution / Organization: _____

Email: _____

Does this person have previous poster presentation experience? Yes No

→ If yes, would this person like to be a poster mentor? Yes No

→ If no, would this person like help from a poster mentor? Yes No

Biography (no more than 75 words):