

Poster Application

About Your Poster Presentation

Poster title: _____

Target population: _____

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

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Educating Professionals | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Affordable Care Act | <input type="checkbox"/> Research |
| <input type="checkbox"/> Patient Education | |
| <input type="checkbox"/> Public Health | |
| <input type="checkbox"/> Collaborative Work | |

Project summary or abstract:

Project outcomes:

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

Poster Application

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):

Poster Application

Poster Presenter Info Sheet

Secondary 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):

Poster Application

Poster Presenter Info Sheet

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):