



## POSTER ABSTRACT SUBMISSION FORM

Please fully complete and return this form and submit it along with your abstract.

*Please type or print clearly.*

### **SPEAKER INFORMATION**

#### **Primary Presenter:**

Name and Credentials: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Preferred Telephone Numbers: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

#### **Secondary Presenter** (list one person only please):

Name and Credentials: \_\_\_\_\_

**\*Please attach a CV or resume for each presenter of the abstract, including educational and professional qualifications related to the proposed topic.**

#### **Presentation History of Primary Presenter**

List any previous poster presentations (title and place of presentation)

\_\_\_\_\_  
\_\_\_\_\_

### **PROPOSED PRESENTATION INFORMATION**

#### **Your poster is:**

**Research**    **Informational**

#### **Objectives: Research and Informational Posters:**

List 2-3 Objectives

Objectives should be behaviorally stated (e.g. use words as define, describe, list, identify, and demonstrate)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Sponsorship:** Are you receiving sponsorship for your poster by a pharmaceutical company?

NO    YES   Company Name: \_\_\_\_\_

**Conflict of Interest:** Please state if there is any conflict of interest in your poster presentation. (i.e. sponsorship by a pharmaceutical company) \_\_\_\_\_

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