



American Association of Neuroscience Nurses

INDUSTRY ABSTRACT SUBMISSION INSTRUCTIONS

POSTER PRESENTATION FORMAT

- **Poster Presenter:**
 - Presenters are assigned specific times to stand by their poster and answer questions posed by passing attendees during the conference. The visual poster presentation will be (4'x8' size) of research, QI, education, or leadership findings by an individual or representatives of a team.
- Each poster will be mounted on a free standing fabric poster board. Please make your poster slightly smaller than the fabric poster board dimensions.
 - For further information on poster board size recommendations, see this website: http://www.posterpresentations.com/html/presentation_size_options.html

POSTER PRESENTATION GUIDELINES

- Abstract Description:** Include the abstract description at the top of the poster with a clear purpose statement that highlights poster significance.
- Introduction:** State the problem, current state, or performance improvement project.
- Objectives:** List the 2-3 learning objectives that were included in your abstract submission.
- Methods:** Describe the procedures, participants, measurements, and protocols used in the study and include the scope of research.
- Outcomes/Evaluation Results:** Present data in the form of graphs, tables, and photos that pertain to the research.
- Conclusion/Nursing Implications:** Clearly list key findings, interpretation, and management implications and applications.
- Bibliography:** Includes sourced evidence identified in your abstract submission.



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Industry Poster Abstract Application

\$2,500 during the meeting and hosted for 6 Months

\$1,500 during the year, outside a meeting, hosted for 3 Months

Supporting Organization Name: _____

Title of Poster: _____

For use in AANN meeting materials -*please submit a company logo and a 50-word description of the abstract electronically to mpaulson@aann.org with application.*

Contact information:

Contact Person _____

Title _____

Company Name _____

Address _____

City, State _____ Zip/Postal Code _____ Country _____

Telephone _____ Fax _____ E-mail Address _____

For Office Use Only:

Date received: _____ (Topic will be reviewed within 5 business days of receipt)

Approval Signature: _____ Date: _____

Payment information: You may pay by check or credit card.

Amount \$ _____ USD Check # _____

Credit Card # _____ Expiration Date: _____

For credit card payment please add a 3% service fee.

Card Holder Name: _____ Credit Card Type: _____

Signature: _____

Return this form to: Mary Paulson, AANN Manager, Professional Relations
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TEL: 847.375.4803 FAX: 888.374.7259 email: mpaulson@aann.org