

# American Association of Neuroscience Nurses

### Industry Poster Submission Process and Application

#### POSTER PRESENTATION INFORMATION

- Presenters will be assigned specific times to present their poster (displayed electronically) to answer questions during conference.
- Each poster will be uploaded electronically as a horizontal PDF and will rotate during exhibit and poster hours.
- Posters will be listed on the AANN website under the event in which the poster is being presented shortly before the conference and for up to 3 months after conference.

#### POSTER PRESENTATION GUIDELINES

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



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#### **Industry Poster Abstract Application**

\$3,000 - Hosted during the meeting and Online for 3 Months.

\$2,000 - Hosted Online for 30 days (outside of either conferences).

<b>Supporting O</b>	Organization Nam	e:				
Title of Poster	r:					
			_	olution company logo, a 50-word o <u>odiehl@aann.org</u> with application.		
Contact infor	mation:					
Contact Person	n					
Title						
Company Nan	me		_			
Address						
City, State		_Zip/Postal Code		Country		
Telephone		Fax	E-mail A	Address		
Deadline: All	l final posters mus	t be received in PDF forr	n by <i>February 1</i>	0, 2025 for review and approval by	AANN	
Signature:						
For Office Us	se Only:					
Date received	:	(	(Topic will be reviewed within 5 business days of receipt)			
Approval Sign			Date:			
Payment Info		credit card, or wire trans				
Amount \$	USD	□Check #		-		
☐ Credit Card	l #		Expiration Date:			
For credit care	d payment an addi	tional 3% service fee wil	l be added.	•		
Card Holder N	Name:		Credit Card Type:			
Signature.						

For questions, or to submit your application, please email Olivia Diehl, Sr. Industry Relations Manager at odiehl@aann.org.