

# 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 Organization Nam</b>	e:			
Title of Poster:				
	-	_	olution company logo, a 50-word odiehl@aann.org with application	
Contact information:				
Contact Person				
Title				
Company Name				
Address				
City, State	Zip/F	ostal Code	Country	
Telephone	Fax	E-mail A	Address	
<b>Deadline:</b> All final posters mus	t be received in PDF t	form by <i>February 1</i>	<b>3, 2026</b> for review and approval	by AANI
Signature:				
For Office Use Only:				
Date received:		(Topic will be reviewed within 5 business days of receipt)		
Approval Signature:		Date:		
Payment Information: Check, of				
Amount \$USD	□Check #_		-	
☐ Credit Card #		Expiration Date:		
For credit card payment an addi			-	
Card Holder Name:		Credit Card Type:		
Signature:				

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