



# American Association of Neuroscience Nurses

## INDUSTRY ABSTRACT SUBMISSION INSTRUCTIONS

### POSTER PRESENTATION FORMAT

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- **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](http://www.posterpresentations.com/html/presentation_size_options.html)

### POSTER PRESENTATION GUIDELINES

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- 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 [astokes@aann.org](mailto:astokes@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 via email to: [astokes@aann.org](mailto:astokes@aann.org).

For questions, please contact Adrienne Stokes, AANN Manager, Professional Relations

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