

POSTER CONTEST APPLICATION
PRESENTER APPLICATION

PRESENTER(S) _____

CURRENT POSITION/ CLINICAL AFFILIATION _____

CREDENTIALS _____

MAILING ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

TITLE OF POSTER _____

FOCUS OF POSTER: RESEARCH _____ EDUCATION _____

LEVEL OF INTENDED AUDIENCE: BASIC _____ INTERMEDIATE _____

ADVANCED _____ GENERAL _____

Submit application to:
HRSGNA Poster Contest
c/o President Elect
P.O. Box 159
Blue Springs, MO 64013-0159