

UMC Poster Symposium Abstract Application Form

An application is required for every poster abstract submission. You may submit multiple posters by submitting each abstract separately.

Primary Contact for Poster Submission:			
Poster Title:			
Name:		Organization:	
Phone Number(s):		Email Address:	
Name(s) of authors or	n poster: (Must include all degrees,	credentials)	
Name	Degrees/Credentials	If Student, list program and discipline	
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☐ Abstract Description Please attach to the	on of Poster: his application an abstract descrip	tion of your poster (no more than 300 words.)	
Submission Catego	ries (Please select only one):		
		proposed clinical research or quality improvement project	
that present prelim Ongoing Clinical F	ninary data and or findings and sug Project: Posters in this category are	ggest future inquiry. based on ongoing performance or quality improvement	
projects, where ac	daptations are still taking place in c	order to develop the best clinical outcomes. It is completed clinical quality improvement projects from a	
health care discip Knowledge Enhan		e educational in nature and present existing literature on a	
current topic of int Case Presentation		d to patient case presentations on a medical treatment	
		to current health care-related scientific research common	
	sions Student: This category is only	for students currently enrolled in BS, BA or AD degree	
programs. Student categories.	rs in advanced degree programs si	uch as MSN, MHA, DNP, etc. should utilize one of the other	

DEADLINE for abstract submission is July 8 – Email completed form to posterapplication@umcsn.com