

# Poster Application

## PERSONAL INFORMATION

First Author Name \_\_\_\_\_

Credentials \_\_\_\_\_

Place of Employment \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone - Voicemail (    ) \_\_\_\_\_ Phone - Cell/Pager (    ) \_\_\_\_\_

Email Address \_\_\_\_\_

## POSTER INFORMATION

Poster Title \_\_\_\_\_

Additional Author Name(s) / Credentials \_\_\_\_\_

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Content Area:

- Research
- Clinical Practice
- Ethical Issues
- Education/Professional Development
- Professional Issues

Target Audience:

- Acute Care NP
- Adult NP
- Family NP
- Gerontology NP
- Pedi NP
- Psych NP
- Women's Health NP
- All Nurse Practitioners - Not Specialty Specific