



# American Association of Neuroscience Nurses

## INDUSTRY ABSTRACT/POSTER SUBMISSION INSTRUCTIONS

### POSTER PRESENTATION FORMAT

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- Poster Presenter:
  - Presenters are assigned specific times to stand by their poster (displayed electronically) 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 uploaded electronically as a pdf.
  - 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

\$3,000 during the meeting and hosted for 3 Months.

\$2,000 during the year, outside a meeting, hosted for 30 days.

**Supporting Organization Name:** \_\_\_\_\_

**Title of Poster:** \_\_\_\_\_

**NOTE:** For use in AANN meeting materials - *please submit a company hi-res logo , a 50-word description of the abstract and the presenter's name, title and email 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.

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Return this form via email to: [astokes@aann.org](mailto:astokes@aann.org).

To pay by check, please mail to: American Association of Neuroscience Nurses - P.O. Box 3781,  
Oak Brook, IL 60522

For questions, please contact Adrienne Stokes, AANN Industry Relations Manager via e-mail at [astokes@aann.org](mailto:astokes@aann.org) or 847.375.4763.