

# NEANN ANNUAL CONFERENCE



Before you begin...

## Requirements:

- **Presenter must be available to attend NEANN's 2021 Annual Conference (virtual event) to showcase and dialogue with conference attendees during the designated poster session**
- **Posters must be relevant to the neonatal intensive care unit**
- **Submissions are due April 1, 2021.**

**Please note: This application requests your abstract, objectives, references and completed conflict of interest attachments for each author/co-author.**

**There is no ability to save an application in progress nor edit a completed application. Once you begin the application, you must finish it before submitting.**

### \* Acknowledgement

I understand and wish to proceed.

# NEANN ANNUAL CONFERENCE



## Presenter Information

### \* Primary Presenter's Contact Information:

Full Name

Address

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number

### \* Primary Presenter's Credentials & Certifications:

*(Ph.D., MSN, RN, APRN, NNP-BC, "undergraduate," etc. Please list all that apply.)*

### \* Primary Presenter's Title: *(Clinical Nurse I, Assistant Professor, etc.)*

### \* Primary Presenter's Organization or School:

*(Connecticut Children's Medical Center, Mass General, Univ. of Connecticut, etc.)*

**\* Will there be a Co-Presenter for this poster?**

*(One co-presenter is allowed to assist in presenting during the conference. This differs from co-authors, which you include later in this application.)*

Yes

No

SAMPLE

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## Co-Presenter Information

**Presenters are allowed one co-presenter (maximum). If you have any questions or need assistance, email [info@neann.org](mailto:info@neann.org).**

### Co-Presenter's Contact Information:

Full Name	<input type="text"/>
Address	<input type="text"/>
City/Town	<input type="text"/>
State/Province	-- select state -- <input type="text"/>
ZIP/Postal Code	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

### \* Co-Presenter's Credentials & Certifications:

*(Ph.D., MSN, RN, APRN, NNP-BC, "undergraduate," etc. Please list all that apply.)*

### \* Co-Presenter's Title: *(Clinical Nurse I, Assistant Professor, etc.)*

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Poster Application - Page 1 of 2

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**Co-Authors of Poster (five maximum)**

*(Please include one author per line with name, credentials, certifications, title and organization. This is different than a co-presenter, which was covered in the previous section.)*

**\* Title**

*(Create a title that conveys what the project is about. Consider something that is eye-catching and will make people want to ask questions or learn more.)*

**\* Abstract**

*(250 words or less. If this is a research study or quality improvement project, please include the following information: Introduction, Purpose, Methods, Results and Conclusions.)*

**\* Three Goals/Objectives - What three "take aways" will people learn when viewing your poster?**

Goal/Objective 1

Goal/Objective 2

Goal/Objective 3

\* **References** (Please include 2-10 references related to your project in APA 7th-edition format.)

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## Conflict of Interest Form

*If you have any questions or need assistance, email [info@neann.org](mailto:info@neann.org).*

Each poster author and co-author must provide a [Conflict of Interest Form](#) and include below. Please fill out Sections 1, 2 and 3 of the form for each author/co-author and upload the individual files below.

The form is available [here](#).

You may include up to six (6) authors (six forms) for your poster (one author and five co-authors).

Accepted file types are PDF, DOC, DOCX. Maximum file size limit is 16MB.

### Conflict of Interest Form - Author 1

Choose File	Choose File	No file chosen
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### Conflict of Interest Form - Author 2

Choose File	Choose File	No file chosen
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### Conflict of Interest Form - Author 3

Choose File	Choose File	No file chosen
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### Conflict of Interest Form - Author 4

Choose File	Choose File	No file chosen
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### Conflict of Interest Form - Author 5

Choose File	Choose File	No file chosen
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**Conflict of Interest Form - Author 6**

Choose File

Choose File

No file chosen

SAMPLE