

CALL FOR POSTERS

Building the Evidence: Supporting the Practice

**5th National Advanced Practice Neonatal Nurses Conference
Miami, Florida
April 24–26, 2008**

SPONSORED BY THE ACADEMY OF NEONATAL NURSING™ AND NEONATAL NETWORK®

Join us in Miami at this exciting conference. We are looking for poster presentations to compliment our line-up of world-class speakers. In keeping with our theme of examining current practice, we invite you to submit a poster abstract. Clinical, case study, and research posters are welcome. The topics for these posters should be relevant to the theme of the conference and the audience of advanced practice neonatal nurses.

POSTER PRESENTATION GUIDELINES

- Submit an abstract of 200 words or less outlining the content you plan to include in your poster.
- Posters must avoid any semblance of commercialism: those constituting promotion and advertising are prohibited.
- Each submission will be blind peer-reviewed by a minimum of three advanced practice nurses.
- Presenters are expected to be at their posters and available for questions during specified times.
- Attendees will earn contact hours for viewing and evaluating posters.
- Poster presenters will be provided with a 4 ft. X 8 ft. corkboard display. Electrical outlets will not be available.

DEADLINES

Abstracts for **poster** presentations are due **February 15, 2008**. Presenters will be notified by February 29, 2008

All poster presenters will be responsible for their own travel and all expenses related to their presentation. All presenters are required to register to attend the meeting. Poster presenters will be eligible for a \$75 discount off full meeting tuition.

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Poster Presenter Form

All authors' names and credentials must be included. List the names, with credentials, exactly as they should appear in published materials. If you are submitting your abstract via email, please print and fax this form to: 707-569-0786. E-mail abstract to conferenceinfo@neonatalnetwork.com

Poster abstracts must be submitted by **January 31, 2008**.

Primary Presenter

Name: _____

Credentials: _____

Work title/position: _____

Hospital Affiliation: _____

Work address: _____

City: _____ State: _____ Zip: _____

Home address: _____

City: _____ State: _____ Zip: _____

Telephone (work): _____

Telephone (home or cell): _____

Email address: _____

Academic preparation/institution(s): _____
