2016 Conference Poster Submission Form

October 18-19, 2016
Iowa Valley Continuing Education Conference Center
Marshalltown, IA

POSTER TITLE: _____

DESCRIPTION: _____
_____
_____
_____
_____

SPEAKER INFORMATION

Speaker 1 / Point of Contact: _____
Name: _____
Organization: _____
Address: _____
Phone: _____
Email: _____
Website: _____

Speaker 2 / Point of Contact: _____
Name: _____
Organization: _____
Address: _____
Phone: _____
Email: _____
Website: _____

Speaker 3 / Point of Contact: _____
Name: _____
Organization: _____
Address: _____
Phone: _____
Email: _____
Website: _____

POSTER OBJECTIVES

Provide at least two objectives.

1. _____
   _____

2. _____
   _____

PRESENTATION DATE

First Preference
___ Wednesday, October 18
___ Thursday, October 19

Second Preference
___ Wednesday, October 18
___ Thursday, October 19

CONFLICT OF INTEREST

Please review the Poster Submission Guidelines and state any conflict of interest here:
_____
_____
_____

REQUIRED ATTACHMENTS

1. Bibliography or references related to the presentation
2. Biosketch or resume for each presenter

SUBMISSION INSTRUCTIONS

Email this form, along with the required attachments to:

Eric Bradley at eric.bradley@scottcountyiowa.com

Or mail to:

Scott County Health Dept.
ATTN: Eric
600 W 4th St
Davenport, IA 52801