



Poster Request Form

Instructions: Attach a one-page abstract with this request form and submit to the Associate Dean, Center for Nursing Research, Wende #101B, at least two weeks prior to your anticipated pick-up date.

Name:	_____
Conference date(s):	_____
Organization to which Poster has been accepted:	_____
Title of Poster:	_____
Poster Size Requirements:	_____
Color Preferences:	_____
Poster Printing Charge:	CNR Funded: Yes <input type="checkbox"/> No <input type="checkbox"/> Grant Funded: Yes <input type="checkbox"/> Grant Number : _____
Capstone Defense	Capstone Defense & Approved by advisor*: Yes <input type="checkbox"/> No <input type="checkbox"/>

Approved: _____
Associate Dean, CNR Date

I have viewed and proofread the FINAL Draft of my poster, and give my FINAL APPROVAL for printing.

Signature _____ Date

<u>CNR Use</u>	
Draft Completed _____	Assigned to: _____

* Academic posters for capstone defense are the responsibility of capstone defenders and their capstone advisor. Posters will not receive major editing and review from the CNR.