

NJPhA 2015 ANNUAL CONVENTION POSTER CALL

Join the third annual Poster Session on

October 17, 2015 @ Harrah's in Atlantic City, NJ

Encores Welcome!

Logistics: Poster set up begins Friday, October 16th in the afternoon and must be completed by 1:30PM on Saturday, October 17th.* The formal poster session (required presentation) is scheduled for Saturday, October 17th from 2:30 – 3:00PM. Posters are on display throughout the day and you are welcome to be available by your poster before the allotted time. Posters may be removed after the session or as late as 7:30 AM the following (Sunday) morning.

*Arrangements can be made for posters to be shipped to the venue at presenter's expense. A presenter is responsible for installation and removal of the poster. Please contact the NJPhA office [609-275-4246] for instructions on shipping materials directly to the venue.

Submission Deadline & Details: Poster applications will be accepted through August 31, 2015. Accepted Poster applicants will be notified approximately one month prior to the Convention.

Fee: Participation is included with a daily Convention attendee purchase. All attendees who will be presenting the material are required to register for at least Saturday's day of programming.

Journal Publication: All accepted posters will be listed in the New Jersey Journal of Pharmacy. All accepted abstracts will be published in the New Jersey Journal of Pharmacy.

See you there!

Ruth Marietta, RPh, CCP
NJPhA 1st Vice President, 2015
Convention Committee Chair, 2015



**To submit,
complete the
attached form
and email by
August 31, 2015.**

**Poster
presenters are
invited to all
sessions, social
events, and
more!**

NEW JERSEY PHARMACISTS ASSOCIATION

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**Poster Presentation Submission Form
NJPhA Annual Convention 2015**

Thank you for your interest in submitting a poster for the Poster Presentation Session at the NJPhA 2015 Annual Convention. Please email the completed form to Isarachman@njpharma.org.

Presenting Author

Name: Click here to enter text.	
Title/Position: Click here to enter text.	
Institution/Company: Click here to enter text.	
Mailing Address: Click here to enter text.	
Phone: Click here to enter text.	Email Address: Click here to enter text.

Contact Author (if different from presenting author)

Name: Click here to enter text.	
Title/Position: Click here to enter text.	
Institution: Click here to enter text.	
Mailing Address: Click here to enter text.	
Phone: Click here to enter text.	Email Address: Click here to enter text.

Topic

Please choose one of the following that best describes the topic of your poster:

- ☐ Pharmacy Practice
- ☐ Therapeutics/Medicines (Therapeutic Area): [Click here to enter text.](#)
- ☐ Medication Therapy Management
- ☐ Collaborative Practice
- ☐ Immunization
- ☐ Student Research
- ☐ Academic Research
- ☐ Other (please elaborate): [Click here to enter text.](#)

Poster Presentation Title

Click here to enter text.

Abstract (limited to space provided below)

Click here to enter text.

If this is an encore presentation, please include original presentation venue and date below:

Click here to enter text.

Posters/Abstracts must be submitted by 11:59 p.m. EDT on August 31, 2015. Late submissions will not be reviewed.

Please follow this format when submitting your abstract:

Name your file: [FIRST INITIAL AND LAST NAME]_ [POSTER TITLE].pdf

Example: MWeissman_This is the Title of my Poster.pdf