

NJPhA ANNUAL CONVENTION 2014 POSTER CALL

Join the second annual Poster Session on September 20,
2014 @The Berkeley Hotel in Asbury Park, NJ.

Encores welcome!

Logistics: Posters set up begins Friday, September 19th in the afternoon and must be completed by 7:30 AM on Saturday, September 20th.^{*} The formal poster session (required presentation) is scheduled for Saturday, September 20th from 2:45 - 3:15 PM. 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 July 18, 2014. Accepted Poster applicants will be notified approximately one month prior to the Convention.

Fee: Participation Fee 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!

Moriah Weissman, PharmD, CCP
NJPhA 1st Vice President, 2014
Convention Committee Chair, 2014

**To submit, complete
the attached form
and email using
contact information
below**

**Poster Presenters
are invited
to Sessions,
Refreshments &
Meals**

NEW JERSEY PHARMACISTS ASSOCIATION

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Princeton, NJ 08543

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NJPhA@njpharma.org

njpharmacist.org

Poster Presentation Submission Form
NJPhA Annual Convention 2014

Thank you for your interest in submitting a poster for the Poster Presentation Session at the NJPhA 2014 Annual Convention. Please provide the following information.

Presenting Author

Name:	
Title/Position:	
Institution/Company:	
Mailing Address:	
Phone:	Email Address:

Contact Author (if different from presenting author)

Name:	
Title/Position:	
Institution:	
Mailing Address:	
Phone:	Email Address:

Topic

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

☐ Pharmacy Practice

☐ Therapeutics/Medicines (Therapeutic Area): _____

☐ Medication Therapy Management

☐ Collaborative Practice

☐ Immunization

☐ Student Research

☐ Academic Research

☐ Other (please elaborate): _____

Poster Presentation Title

Abstract (limited to space provided below)

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

Posters/Abstracts must be submitted by 11:59 p.m. EDT on July 18, 2014. 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

