



## Mid-America College Health Association Annual Meeting November **12-14**, 2015 | **Louisville, KY**

### Poster Submission Form Guidelines

Please complete the following form to submit a poster abstract for consideration as a poster presentation at the 2015 MACHA Annual Meeting, November 12-14, Louisville, KY. Completed forms should be e-mailed to [cebibe01@louisville.edu](mailto:cebibe01@louisville.edu) by Friday, August 29, 2015

All poster submissions will be peer reviewed and notification will be sent by Wednesday, September 30, 2015. Primary poster presenter must be present during the allotted poster presentation times outlined in the conference program. All presenters are responsible for conference registration and travel costs.

If you have any questions or concerns, please contact Program Chair Carrie Bibelhauser at [cebibe01@louisville.edu](mailto:cebibe01@louisville.edu).

### Poster Review Criteria

Poster abstract submissions will be reviewed on the following criteria. If accepted, poster presenters will abide by the formatting guidelines for the posters, which will be emailed upon acceptance.

#### CONTENT

1. **Introduction:** clear objectives and background
2. **Relevance:** appropriateness to conference goals and field of College Health
3. **Methodology:** clearly explained for general audiences
4. **Quality of Proposed Research/Results/Finding:** logical, clear, and pertinent
5. **Conclusion:** supported by presented information, clear summary

#### PRESENTATION

6. **Display Aesthetics:** creativity in display, visually professional caliber presentation
7. **Format:** logical flow of sections, poster arrangement, and organization
8. **Understanding of Subject:** presentation shows good grasp on subject
9. **Ability to Stand Alone:** when author is absent, poster is thorough, understandable, and effective
10. **Originality and Significance:** provides evidence of novel, important work

## POSTER SUBMISSION FORM

In order to be considered for a poster presentation, please complete form. \*Denotes required fields.

### PRIMARY PRESENTER CONTACT INFORMATION

Name of Primary Presenter (First name, last name, suffix):\* \_\_\_\_\_

Degree/Title:\* \_\_\_\_\_

University/Organization:\* \_\_\_\_\_

Address:\* \_\_\_\_\_

City, State, and Zip Code:\* \_\_\_\_\_

Phone Number:\* \_\_\_\_\_

E-mail Address:\* \_\_\_\_\_

### Co-Presenters

Please complete the information below if you have additional presenters.

Co-Presenters' Names w/ Suffix	University/Organization	E-mail Address

### Title of Poster\*

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### Summary Statement\*

Provide a brief summary of your research with key points highlighted, such as items that would provide a basis for discussion and interaction on site at the conference (50-60 words maximum). If your poster is selected, this statement will be included in the conference program. Please attach to email when submitting form.

The full abstract should consist of 300-500 words (maximum). Please attach to email when submitting form.