

Poster Session Entry Form
Missouri Public Health Association Annual Conference
Submission Information Form

September 27 and 28, 2016 - Stoney Creek Inn – Columbia, MO

Please select which category best describes your current employment status.

- Student
- Public Health Practitioner (ie. state or local health department employee)
- Public Health Researcher (ie. university or other professional research employee)

Poster Title: _____

Date of Research/Event: _____

Public Health Topic Addressed: _____

First Author Contact Information:

Name: _____ Title: _____
Organization: _____ Fax: _____
Street address: _____ City: _____ State: _____
Zip code: _____ E-mail: _____ Phone: _____

All additional authors (*names, degrees, etc*):

1. _____
2. _____
3. _____
4. _____
5. _____

I have submitted all information as if it were to be printed in the Conference materials. If accepted for presentation, I give permission for this abstract to be printed in the conference proceedings.

- Yes, include my information (Check here)

Submission Form and Abstracts must be submitted by September 1, 2016 to:

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ABSTRACT

Poster Title: _____

Abstract (250 words or less):

Submission Deadline is September 1, 2015