Call for Electronic Poster Abstracts

You are invited to submit an abstract for consideration to be displayed as an electronic poster at the **13th Annual South Region Florida Nurses Association Symposium and Awards Ceremony** on **Saturday, April 22, 203** at Gulfstream Park - Sport of Kings Theater, 901 S. Federal Highway, Hallandale Beach, FL, 33009. Categories considered include nursing best practice (literature reviews), evidence-based practice projects, or nursing research projects. This is an extraordinary opportunity to showcase your scholarly work and to initiate dialogue with other nurses!

Abstract Submission Instructions

Submissions are due no later than March 3, 2023 to Dr. Ferrona Beason, Chair of Posters, at fnasouthposters@gmail.com. To be considered, please provide proof of payment for the $90 individual (non-member), $75 (FNA member), or $750 table of 10 purchase with your abstract submission. If your abstract is declined, a refund will be provided *upon request* to fnaoffice@floridanurse.org. A completed Bio form as described below must accompany the abstract representing the author(s) with a purchased ticket who will be presenting the poster. The poster sessions will count towards nurse contact hours.

Proof of payment, poster title, author(s), and bio form for each author are due with poster abstract submission no later **March 3, 2023 to Dr. Ferrona Beason, Chair of Posters, at fnasouthposters@gmail.com.**

Requirements

- Provide the CATEGORY TO BE CONSIDERED, the title of your poster, author(s) with credentials, institution/affiliation, and your contact information (email, phone, and address) on the required BIO Form.
- Description of project **(maximum 250 words)** in an abstract format: 1 inch margins, 12-point font.

Format for Best Practice (Literature Review)

1. Problem
2. Population
3. Practice change or research recommendations

Format for Evidence-Based Projects

1. Problem and why this needs to be done
2. Population
3. Practice change that was implemented
4. Outcomes
5. Conclusions and implications for practice

Format for Research Projects

1. Problem and Purpose
2. Sample
3. Methods
4. Results
5. Conclusions and implications for practice/research

Poster Instructions (If Selected)

Once selected as a poster participant, all participants shall email completed poster in a **one page JPEG image file**, **in landscape format by April 12, 2023 to fnasouthposters@gmail.com.** Posters to include learner objectives as contact hours will be awarded to the poster session**.**

This event does not accommodate printed/mounted physical posters. All posters will be displayed electronically on monitors.

All selected poster participants must be present at 8:00 am at the Gulfstream Park Sport of Kings Theatre, prepared to present their electronic poster. All presenters must be paid registrants with payment secured by March 3, 2023 for consideration. Contact Florida Nurses Association at 407-896-3261 for registration payment or visit www.floridanurse.org/events.

Again, all posters to be **displayed electronically via a monitor from a single JPEG file in landscape view.**

Important Dates

March 3, 2023 **SUBMISSION DEADLINE:** Proof of ticket purchase and Poster Abstract Submission with Bio(s)

March 31, 2023 Notification of Acceptance

April 12, 2023 All posters must be submitted in JPEG format to fnasouthposters@gmail.com for use as conference exhibit. **The Poster Committee will not accept posters for presentation on the day of the event**. We will have an AV team onsite to ensure the posters are uploaded and ready for you to present at your allotted time, which will be provided to you when you sign-in for the event.

April 22, 2023 Attend Symposium with proof of ticket purchase at Gulfstream Park, Hallandale Beach, Florida. **All author(s) presenting the poster must show proof of registration payment.**

FNA South Region Abstract Submission

COVER SHEET

Title of Abstract/Research: _____

Name & Credentials of person submitting abstract: _____

Contact phone number: _____

Email address: _____

Name, Credentials, and Email Address for Each Author/Presenter:

Name	**Credentials**	**Email**

Affiliated Organization/Academic Institution: _____

Remember to complete a BIO/Conflict of Interest Form for EACH presenter. Additional Bio/COI forms available for download at https://www.floridanurse.org/page/SouthSymp23

Abstracts will not be accepted for submission until all BIOs have been received.

Submit to Dr. Ferrona Beason at fnasouthposters@gmail.com.

Biographical Data Form

Check One or Both ☐ Planner ☐ Presenter

Name: _____

Degrees & Credentials: _____

If RN, indicate degree(s) in nursing: ☐ Diploma ☐ ADN ☐ BSN ☐ Other: _____

Home Address *OR* Business Address: _____

_____

_____ _____ _____

Telephone: _____ Ext: _____ E-Mail Address: _____

Present Position (Title): _____

Employer: _____

Planners: Describe your familiarity with the target audience:

Presenters: Describe your expertise with the subject:

Conflict of Interests for Presenters

ALL PRESENTERS MUST DECLARE ANY CONFLICTS OF INTEREST ON THIS FORM

Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity. *(If the applicant already has special forms to identify this, it does not need to be repeated on the bio form. Include the applicant's copy of the completed forms declaring vested interest.)*

I recognize that I must follow all guidelines and criteria regarding conflict of interest. Any real or perceived conflict of interest for a conference participant must be disclosed. For this purpose a real or apparent conflict of interest is defined as having a significant financial interest in a product to be discussed directly or indirectly during the presentation; being or having been an employee of a company with such financial interest and/or having had substantial research support by an industry to study the product to be discussed at the presentation.

☐ I have no real or perceived conflicts of interest that relate to this presentation.

☐ I have the following real or perceived conflicts of interest that relate to this presentation:

Signature: Date: _____

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