**FSARN Poster Abstract Submission Form**

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| **Title** |  |
| **Category** | **\_\_\_ Quality Improvement project****\_\_\_ Research study****\_\_\_ Evidence-based practice project****\_\_\_ Case study****\_\_\_ Clinical topic****\_\_\_ Education focused topic/project****\_\_\_ Other** |
| **Objective(s) (at least one)** | **After reviewing this poster, the attendee will be able to…** |
| **Conflict of Interest: Do you (or any of your co-authors) have any conflicts of interest – financial, personal, or other that may affect the information, research, analysis, or interpretation presented in the abstract?** | **Yes \_\_\_****No \_\_\_** |
| **Commercial Support: Are you (or any of your co-authors) receiving commercial support for** **your poster by a pharmaceutical company or other commercial entity?** | **Yes \_\_\_****If yes, name of company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****No \_\_\_****Note: Presentations must avoid commercialism.** |
| **Abstract (250 word maximum)** | **Background:****Purpose of the Project/Study/Topic:****Methods/Approach including measurement if applicable:****Results/Findings:****Conclusion/Significance to rehab nursing:** |
| **Reference(s) (at least one)** |  |
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| **I understand if my poster abstract is accepted I will register for the conference** | **Yes \_\_\_** |

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