

FSARN Poster Abstract Submission Form 2025

Submission Deadline January 10, 2025

Poster Title	
Category	<input type="checkbox"/> Quality Improvement project <input type="checkbox"/> Research study <input type="checkbox"/> Evidence-based practice project <input type="checkbox"/> Case study <input type="checkbox"/> Clinical topic <input type="checkbox"/> Education focused topic/project <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> If yes, name of company: _____ No <input type="checkbox"/> Note: Presentations must avoid commercialism.
Abstract (300 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 within the last 5 years)	
Primary Presenter Name & Credential	
Title & Institutional Affiliation	
Email	
Phone number	
Additional Author Name & Credential	
Title & Institutional Affiliation	
Email	
Phone number	
Additional Author Name & Credential	
Title & Institutional Affiliation	
Email	
Phone number	
I understand if my poster abstract is accepted for presentation I will register for the in person conference.	Yes ____

For any questions or to submit information, please contact Ann Wilson at (813)972-2000 x106978 or email at: ann.wilson8691@gmail.com