

VPS CONFERENCE POSTER PRESENTATION APPLICATION

APPLICANT INFORMATION

Name:

Credentials:

Hospital Name:

ICU Name:

City/State:

Work email:

Office Phone:

Cell Phone:

POSTER INFORMATION

Poster Title:

Primary Author:

Presenting Clinician: (If other than primary author)

Presenter Credentials:

Presenter's email:

Presenter's cell phone:

TOPIC AREA

Please select the topic area that best describes your poster content: (select one only)

Case Report

Original Research using VPS data

Program Evaluation

QI Project

Sharing VPS Data

SIGNATURE

X

Signature of applicant:

Date: