

# ARN's REHABILITATION NURSING CONFERENCE

September 19–23, 2022 · San Diego, CA

*Impactful Education. Rejuvenating Community.*



## INDUSTRY ABSTRACT SUBMISSION INSTRUCTIONS

### POSTER PRESENTATION FORMAT

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- **Poster Presenter:**
  - Presenters are assigned specific times to stand by their poster and answer questions posed by passing attendees during the conference. The visual poster presentation will be (4'x8' size) of research, QI, education, or leadership findings by an individual or representatives of a team.
- Each poster will be mounted on a free standing fabric poster board. Please make your poster slightly smaller than the fabric poster board dimensions.

### POSTER PRESENTATION GUIDELINES

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- Abstract Description:** Include the abstract description at the top of the poster with a clear purpose statement that highlights poster significance.
- Introduction:** State the problem, current state, or performance improvement project.
- Objectives:** List the 2-3 learning objectives that were included in your abstract submission.
- Methods:** Describe the procedures, participants, measurements, and protocols used in the study and include the scope of research.
- Outcomes/Evaluation Results:** Present data in the form of graphs, tables, and photos that pertain to the research.
- Conclusion/Nursing Implications:** Clearly list key findings, interpretation, and management implications and applications.
- Bibliography:** Includes sourced evidence identified in your abstract submission.

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**Supporting Organization Name:** \_\_\_\_\_

**Title of Poster:** \_\_\_\_\_

For use in ARN meeting materials -*please submit a company logo and a 50-word description of the abstract electronically to [edawson@rehabnurse.org](mailto:edawson@rehabnurse.org) with application.*

**Contact information:**

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

**For Office Use Only:**

Date received: \_\_\_\_\_ (Topic will be reviewed within 5 business days of receipt)

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment information:** You may pay by check or credit card.

Amount \$ \_\_\_\_\_ USD  Check # \_\_\_\_\_

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*For credit card payment please add a 3% service fee.*

Card Holder Name: \_\_\_\_\_ Credit Card Type: \_\_\_\_\_

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Return this form with payment via email to: [mpaulson@rehabnurse.org](mailto:mpaulson@rehabnurse.org).

To pay by check, please mail to: Association of Rehabilitation Nurses - P.O. Box 3781, Oak Brook, IL 60522

For questions, please contact Mary Paulson, ARN Manager, Professional Relations at: 847.375.4803 or via email email: [mpaulson@rehabnurse.org](mailto:mpaulson@rehabnurse.org)