**Poster Submission**

**2018 NECHA Annual Meeting  
November 7-9 · Portland, M**

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| **Poster Co-Presenter Bio and Disclosure Form** | | | | | | | | |
| Presenter Information is required for each presenter and co-presenter. If a presenter is submitting more than one poster, this information must be submitted for each poster. | | | | | | | | |
| **Poster Title:** | |  | | | | | | |
| **Name:** | |  | | | | | | |
| **List your completed academic degree(s), institution where the degree was earned, and major or specialty area.** *(e.g., PhD, ABC University, clinical psychology)* | | **Degree** | **Institution** | | | **Major or Specialty Area** | | |
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| **List any current certifications** *(e.g., CHES, APN, LPC)* | |  | | | | | | |
| **Institution/Employer:** | |  | | | **Address:** |  | | |
| **Job Title:** | |  | | | **City/State/Zip:** |  | | |
| **Phone:** | |  | | | **Email:** |  | | |
| **List your publications that are most relevant to the proposed topic** (up to 10). | |  | | | | | | |
| **\* I intend to register for the ACHA Annual Meeting as a:** | | \_\_\_ Regular Attendee (non-student)  \_\_\_ Student Attendee  \_\_\_ I do not plan on attending the meeting *(ACHA will contact you prior to the meeting to get contact information for the co-presenter who will be registering and is responsible for your poster display)* | | | | | | |
| Conflict of Interest (COI) Disclosure | | | | | | | | |
| ACHA is obligated to the organizations that grant us CE accreditation/approval to ensure that all educational activities are developed and presented with independence, objectivity, and scientific rigor. It is our responsibility to ensure that they are free from promotion of specific goods or services, and that they are free from actual or potential bias.  **\_\_ I have read, fully understand, and agree to adhere to the** [**Conflict of Interest Disclosure Guidelines**](http://nechaonline.org/2018-annual-meeting/conflict-of-interest-disclosure-guidelines/)**.** | | | | | | | | |
| **Required Disclosure:**  During the past 12 months have you, or your spouse or partner had a financial, professional or personal relationship (including self-employment and sole proprietorship) **with a commercial interest (**as defined in the [Conflict of Interest Disclosure Guidelines](http://nechaonline.org/2018-annual-meeting/conflict-of-interest-disclosure-guidelines/)).    \_\_\_ Yes, myself \_\_\_ Yes, my spouse/partner \_\_\_ No  If yes, list company (s) with relationship: | | | | | | | | |
| Name of Commercial Company | | | | Relationship | | | | |
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| **Electronic Signature**  By typing my name below, I am providing my electronic signature indicating that all the information entered in this Poster Co-Presenter Form is accurate. I further attest that I will not promote any products, goods, or services, or bias the educational activity in any manner. | | | | | | | | |
| **Sign:** |  | | | | | | **Date:** |  |

(Electronic/typed signatures are acceptable.)