Florida Medical Association
123 South Adams Street, Tallahassee, FL 32301
800-762-0233

2009 Annual Meeting: July 24-26, 2009
Boca Raton Resort & Club, Boca Raton, Florida

POSTER APPLICATION FORM

(Please print or type all information)

TITLE OF POSTER_____

PRIMARY AUTHOR _____ ☐ Member ☐ Non Member
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Non-member authors must list the name of an FMA member sponsor_____

ADDITIONAL AUTHOR(S) (Attach separate sheet for additional authors)

Names	City & State	Member	Non-Member
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		☐	☐
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Please attach a brief description/abstract that describes the poster and its educational purpose and design.

All authors must agree to the following:
I agree that the material presented in this poster is original and is intended to convey a scientific result and not any advertisement for commercial interests, products, or services.

Please print and sign your name: _____

INSTRUCTIONS TO AUTHORS

1. Deadline for receipt of Poster Application and Description is June 22, 2009
2. Send the following items:
   (1) Poster Application Form and Brief Abstract/Description
   (2) Completed Disclosure Form for each person listed as an author
   (3) Primary author's CV or biographical sketch
   TO: Melissa Carter, Florida Medical Association, 123 South Adams Street, Tallahassee, FL 32301
   Via email: mcarter@medone.org
3. Authors will be notified of the FMA's decision by email no later than July 10, 2009.

DEADLINE FOR RECEIPT OF POSTER APPLICATION IS JUNE 22, 2009