

**Poster Session Entry Form**  
Missouri Public Health Association Annual Conference  
**Submission Information Form**

*September 25-26, 2019 – Holiday Inn Executive Center – Columbia, MO*

**Please select which category best describes your current employment status.**

- Student
- Public Health Practitioner (ie. state or local health department employee)
- Public Health Researcher (ie. university or other professional research employee)

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

**Date of Research/Event:** \_\_\_\_\_

**Public Health Topic Addressed:** \_\_\_\_\_

**Presenting Author Contact Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Organization: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip code: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

All additional authors (*names, degrees, etc*):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

*I have submitted all information as if it were to be printed in the Conference materials. If accepted for presentation, I give permission for this abstract to be printed in the conference proceedings.*

- Yes, include my information (Check here)

Submission Form and Abstracts must be submitted by September 1, 2019 to:

**Sandra Boeckman, Executive Director**  
Missouri Public Health Association  
722 E. Capitol Ave., PO Box 126  
Jefferson City, MO 65101  
Phone: (573) 634-7977  
Fax: (573) 635-7823  
E-mail: [sboeckman@mopha.org](mailto:sboeckman@mopha.org)

**Poster Session Entry Form**  
Missouri Public Health Association Conference  
**ABSTRACT**

Poster Title: \_\_\_\_\_

Abstract (250 words or less):

**Submission Deadline is September 1, 2019**