

NYSPHA Poster Competition Guidelines And Entry Form



Compete with other students from schools of public health in New York (and surrounding states) to highlight and share a health promotion/prevention issue in public health with other professionals from across the state.

Posters will be judged by NYSPHA Board and Planning Committee Members on the following criteria: general interest to public health professionals, originality, educational value, and overall presentation. We will only accept (6) posters to display at the conference from all submitted entries. Students who are selected to display posters and who attend in person will be entitled to a FREE conference registration and \$50 travel stipend.

First, Second and Third Prize winners, each will receive a free one year membership to NYSPHA. There is an additional prize for the first place winner and the school he/she is representing will be acknowledged on our web-site. All winners will be awarded at the reception. See poster guidelines below and complete an entry form to apply!



- ✓ Design a poster that has a specific focus in public health; following the theme of the 2015 NYSPHA annual conference: worksite wellness, alcohol and drug prescription addiction, supporting breastfeeding, school wellness, medical home, healthy home, and bridging population health.
- ✓ You will be contacted through e-mail for confirmation of this entry form upon submission AND if your poster is selected to be showcased at the conference- by April 10th 2015.
- ✓ Students are encouraged to attend the Annual Conference, but aren't required to be present to compete; however previous poster sessions show student presence is favorable. (In order to receive the FREE registration and stipend you must be present). Posters will be displayed from 12pm-3pm with oral presentations recommended from 2:30pm-3pm.
- ✓ If you don't plan to attend the conference, it's your responsibility to mail your poster in advance, if selected to display. Arrangements can be made with the coordinator at a later date.
- ✓ Posters should be no larger than 48" X 48", be able to stand freely on an easel that will be provided (paper posters must be supported by thicker backing or clip to an easel-you must provide supplies to hang/hold up your poster if it's "flimsy" material).
- ✓ Color, design, graphs, charts etc. and overall format are up to the participant; however a portion of the grading will result from overall physical presentation of the poster.
- ✓ Please **e-mail (scan)** your entry form with original signatures or mail a hard copy to the address below: by COB on 4/1/2015. No late entries will be accepted.

Please E-mail or send postal completed entry form by 04/01/2015 to:

morganh@co.tioga.ny.us

Heather Morgan * PO Box 120 * Owego NY 13827

For Questions Contact:

Heather Morgan, NYSPHA Vice President, Student Poster Coordinator

morganh@co.tioga.ny.us or Call: 607-687-8637

NYSPHA Poster Competition Entry Form



Date: _____

Student Name: _____

Student e-mail: _____

Student phone #: _____

Student University/College: _____

1. Topic of your poster: _____
2. Have you displayed or used your poster for another event/class?
(If yes, where/why?) : _____

Poster topics need to be in the theme of “Creating Healthy Places” and focus areas may include:

- ✓ Worksite Wellness
- ✓ Alcohol and Drug Prescription Addiction
- ✓ Supporting Breastfeeding
- ✓ School Wellness
- ✓ Medical Home
- ✓ Healthy Home
- ✓ Bridging Population Health

Write a short paragraph to summarize the topic of your poster (e.g. focus, target audience, hypothesis, findings etc.).

Why should we select your poster to showcase at the 2015 NYSPHA Annual Conference? (We will only select 6 posters to display from submitted entries).

By signing this form, I certify that this is my original work and give permission to display my work, my name, and my photo. I acknowledge that submitted materials are the property of NYSPHA and may not be returned unless requested.

Student Signature: _____

Student's Institution: _____

Name Of Sponsoring Dean/Instructor: _____

Signature: _____

Please send completed entry form to Heather Morgan by 04/01/2015 to:

E-mail: morganh@co.tioga.ny.us or Postal: HMorgan, Tioga Co Health Dept * PO Box 120 Owego NY 13827