

72nd Annual Convention of the Mississippi Psychological Association Poster Submission Form

This is a MS Word™ fillable form; place the cursor and type or paste information into the appropriate field.

A. PRIMARY PRESENTER: The primary presenter is usually the individual listed as the first author of the poster. In the event that the primary presenter is a student, a doctoral-level psychologist, or a faculty member that supervised the development of the presentation must be included as a co-presenter.

PLEASE NOTE: THE PRIMARY PRESENTER MUST BE REGISTERED FOR THE CONVENTION.

Primary Presenter
Name:

Poster Title:

Supporting Faculty (for
students only):

B. BIOGRAPHICAL INFORMATION:

Position or Title:

Employer or
Institution:

Address:

Phone:

Email:

Please list any professional licenses and board certifications:

C. ADDITIONAL AUTHORS: Please list any other persons that will present the poster **in order of authorship**. For each author provide their name, highest earned degree, institutional / business affiliation:

D. POSTER DESCRIPTION: Please provide an abstract of your poster (excluding references) that describes the submission in enough detail, so reviewers can evaluate it effectively. It should include a brief description of your research study, research and statistical methods, sampling, conclusions, generalizability of results, and any limits of the research.

Dimensions of the poster not to exceed 3' x 4'.

E. DISCLOSURES

Please use the check box for all of the following that apply. Your typed signature below affirms that you agree with the following principles and have made the appropriate disclosures.

- A.1. I agree to abide by ethical principles as set forth by the APA Ethical Principles for Psychologists. Please sign below to indicate that you have reviewed MPA's Continuing Education Policies and the Ethical Principles for Psychologists and agree to abide by these policies and principles.

If any of the presenters have a conflict of interest to disclose related to products or services of a commercial interest with which he/she has a financial relationship, please check the box and describe. By checking the box, I agree to allow MPA to disclose the above relationship/sponsorship in any promotional literature, and I agree to disclose this to participants at the beginning of my poster presentation.

- B.1. I have the following conflicts of interest to disclose

- B.2. I have no conflicts of interest to report

- C.1. I agree to honor all copyright laws and agreements in preparing, copying and displaying materials for my poster, and to secure and safeguard the confidentiality of all assessment/test instruments used during this presentation.

Your typed signature is required here as indication of your agreement to these terms. Thank you for your submission. Please email to mpa@mpassoc.org

Typed Signature

Date