

# Poster Submission Form

Collaborative Research Center for American Indian  
Health Annual Summit

June 10-11, 2015  
Holiday Inn Rushmore Plaza



**Submission Deadline: April 10, 2015**

**Author(s):** \_\_\_\_\_

First name Last name (Place an asterisk after the name of the **presenting** author):

**Abstract Title:** \_\_\_\_\_

**Abstract: Include Purpose, Method, Result/Outcome & Conclusion. (250 Words)**

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## Biographical data for primary **presenter**:

Dr./Mr./Ms./Mrs. \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Institution \_\_\_\_\_ Degree \_\_\_\_\_

## Mailing Address:

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Zip code \_\_\_\_\_ E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## Major content area of abstract: (Please select only one option)

- Mental Health
- Diabetes/Health & Nutrition
- Tobacco
- Other

If other, please explain \_\_\_\_\_

To submit this form, please **click** the "Submit" button in the top right hand corner. It will automatically send the form to [info@crcaih.org](mailto:info@crcaih.org).

For questions, please contact CRCAIH by email, or phone at:

Phone: 605-312-6232

E-mail: [info@CRCAIH.org](mailto:info@CRCAIH.org)

[www.CRCAIH.org](http://www.CRCAIH.org)

After the deadline date, all completed abstract forms will be submitted to the committee for review. You will be notified by email once a decision has been made.