

SOCIAL WORK STUDENT POSTER ABSTRACT
NASW MS CHAPTER 2024 ANNUAL CONFERENCE

1. Presentation Title:

2. Type of study: (Check one)

- a. Empirical research
- b. Integrative literature review

3. Social Work School/Program:

4. Number of student participants/presenters:

5. Student presenter(s) data:

Name:

Student presenter School Status: (Check one)

Undergraduate

Graduate

Anticipated Graduation Date:

Email Address:

(Provide most used address as email will be method of contact about abstract, selection decision, poster display & registration directions, and judging process.)

Phone:

Mailing Address:

Any current degree/or credential? Yes _____ No _____

If yes, please include specifics:

Name :

Student presenter School Status: (Please mark X for one)

Undergraduate

Graduate

Anticipated Graduation Date:

Email Address:

(Provide most used address as email will be method of contact about abstract,

selection decision, poster display & registration directions, and judging process.)

Phone:

Mailing Address:

Any current degree/or credential? Yes _____ No _____

If yes, please include specifics:

Name:

Student presenter School Status: (Check one)

Undergraduate

Graduate

Anticipated Graduation Date:

Email Address:

(Provide most used address as email will be method of contact about abstract, selection decision, poster display & registration directions, and judging process.)

Phone:

Mailing Address:

Any current degree/or credential? Yes _____ No _____

If yes, please include specifics:

6. Abstract:

7. **Agreement.** (Each participating student shall sign)

As a presenter of a student poster presentation, I accept the directions identified in the NASW MS Chapter Student Poster Instructions. If my abstract is accepted, I will respond by email within requested time to Confirm presentation. Failure to confirm will result in non-acceptance/presentation at the NASW MS Chapter 2024 Annual Conference.

Social Work Student Signature

Date

Social Work Student Signature

Date

Social Work Student Signature

Date

Social Work Faculty/Advisor Name:

Faculty/Advisor Email:

Signature

Date