



**PRESENTATION APPLICATION**

**Due by April 1<sup>st</sup>**

Please type in your responses for any question/area that is bolded. Items marked with an \* should be completed as you wish them to appear in printed material.

**\*Name:**

**\*Position Title:**

**\*Credentials:**

**\*Hospital/Organization:**

**Mailing Address:**

**Email Address:**

**Phone:**

**Fax:**

**\*Cell Phone (please include):**

**Presentation/Poster Title:**

*\*\*Please choose carefully when creating a title to fully describe your content. Please try to be specific in the title of your presentation.*

**Please include an abstract up to one page, double spaced, describing your presentation or poster content.**

**Is this your first time presenting?** Yes \_\_\_\_ No \_\_\_\_

**If yes, please provide a Nephrology team member name and email as a reference:**

**If no, please describe your previous experience with speaking:**

**Have you previously presented for ASPN?** Yes \_\_\_\_ No \_\_\_\_

**Please mark which is applicable for you:**

\_\_\_\_ I confirm that I am able to present at the American Society for Pediatric Nephrology Multidisciplinary Symposium on September 12 – 13.

\_\_\_\_ I confirm that I am submitting a poster to the American Society for Pediatric Nephrology Multidisciplinary Symposium and will be available to discuss the poster during the poster review.

**PLEASE PROVIDE THE INFORMATION LISTED BELOW:**

- CV or Resume (word document)
- Abstract (word document)



**SPEAKER BIOGRAPHY**

Please provide us some information about yourself. If you have a professional picture you would like to include in the program, please submit it here.

**Please do not extend it more than 250 words.**

**Name:**

**Presentation Title:**

**Current Position:**

**Bio here:**

**Picture here:**