

# ASSE Interactive Research Session Proposal Form

## Safety 20xx Professional Development Conference

## Submission deadline: Early March to Cindy Milner at [cmilner@asse.org](mailto:cmilner@asse.org) or fax to 224-725-2848

Each accepted poster session will allow a **maximum of two** author registrants for the conference. A registration form will   
 be forwarded to two registrants listed below. NOTE: You will be informed in early April if your poster has been selected.

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| --- | --- | --- | --- | --- | --- |
| POSTER registrant Information | | | | | |
| Poster Title: | |  | | Date submitted: |  | |
| Category: | | Student      Graduate Student      Other including Government | | | |
| **Registrant #1 Author Name:** | |  | |  | |
| School or Company Name: | |  | |  | |
| Mailing Address: | |  | |  | |
| City: | |  | | State:            Zip: | |
| Phone: | |  | | Fax: | |
| Email: | |  | |  | |
| **Registrant #2 Author Name:** | |  | |  | |
| School or Company Name: | |  | |  | |
| Mailing Address: | |  | |  | |
| City: | |  | | State:            Zip: | |
| Phone: | |  | | Fax: | |
| Email: | |  | |  | |
| additional authors | | | | | |
| List all authors’ first and last names, affiliations and designations placed in the order in which they should appear who may have contributed.   |  |  |  |  | | --- | --- | --- | --- | | Author #1 Name: | |  | Designation(s):            Affiliation: | | Author #2 Name: | |  | Designation(s):            Affiliation: | | Author #3 Name: | |  | Designation(s):            Affiliation: | | Author #4 Name: | |  | Designation(s):            Affiliation: | | Author #5 Name: | |  | Designation(s):            Affiliation: | | Author #6 Name: |  | | Designation(s):            Affiliation: | Date submitted: |  | |  |  | |  |  |  |   Poster Title: **Primary Contact:**  PURPOSE  (A background sentence explaining the rationale supporting the need the purpose of the educational information or the need for the study if it is research-based. It can be stated as an educational purpose, research question, or research hypothesis.) | | | | | |
| learning objectives | | | | | |
|  | | | | | |
| abstract | | | | | |
|  | | | | | |
| methods (briefly describe the study/educational procedures and interventions. Instruments or tools, including questionnaires, should be described with reliability and validity data.) | | | | | |
| content (Achieving Objectives) | | | | | |
| results (Present the specific data that addressed your educational outcome or research questions, and identify the statistical analyses used, if any.) | | | | | |
| conclusions (State reasoned conclusions based on the data presented, and the implications for OSH.) | | | | | |
| YES, I plan to submit a video presenting my Poster Session. | | | | | |
| I uploaded my video to            . You can view the video at           . . | | | | | |
| NO, I will not submit a video presenting my Poster Session. | | | | | |
| For ASSE Use Only | | | | | |
|  | | | | | |
| Date Submitted: |  | |  | | |
|  | | | | | |
| Comments: | | | | | | |
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