**AHL Conference Poster Session Application\***

Presenter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Professional Credentials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a member of the AHL Coalition? \_\_\_\_Yes \_\_\_\_No

Poster Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Poster Objectives *(Objectives are the same for all presenters)***

* Demonstrate best practices, opportunities, challenges, and success stories in obesity and chronic disease prevention, while promoting health equity.
* Discuss systemic and programmatic strategies at local, regional, and national levels to enhance healthy eating, physical activity, and obesity prevention.
* Facilitate networking and collaboration among cross-sector public health professionals to further expand the statewide Advancing Healthy Lifestyles Coalition.
* Energize and inspire ongoing commitment and action towards advancing healthy lifestyles across the state.

**Description (*Maximum 350 words)***

**Presenter Biography (One paragraph bio summary & Headshot)** Please limit it to 150 words.

**Applications are due by 4:00pm on February 15, 2025. Submit completed form to:** [devona@goeinswilliams.com](mailto:devona@goeinswilliams.com).

**\*Note:** Thank you for completing this form and your interest in being a presenter at the conference. We expect to receive more applications than we have opportunities. The AHL conference facilitator will notify you if you are selected to present.

**By submitting this form, the presenter agrees to the presenter guidelines outlined below.**

**Presenter Guidelines:**

* Conference theme: **Eat Well, Move Well, Live Well.**
* The commitment to present is voluntary and an honorarium is not offered. This allows the PANO conference to continue as a free conference.
* Presenters will be featured prominently in all marketing materials including online, and program booklet. More than three hundred people are expected to attend the conference from throughout the state and across the healthcare system.
* Poster session presenters must meet deadlines for submitting presentation information for CEU credits that are offered, and attend a virtual panel briefing session with other poster session presenters with the conference facilitator.
* The poster session will be located on the first floor of the DSU MLK Center. Attendees will have scheduled visiting times of vendors and poster session during morning and afternoon breaks, after lunch, and the networking reception which will be held on the first floor.
* Poster session set up is 4:00 pm on June 4 or 7:00 am on June 5, the day of the conference. Presenters are required to print and bring their own posters. Poster size of 36” x 48” is recommended. An easel will be provided. Poster session presenters are required to stay until the conference ends at 4:00 pm.
* Please ensure that you always have at least one person staffing your exhibit. Please contact Jayden Carr ([jayden@goeinswilliams.com](mailto:jayden@goeinswilliams.com)) with additional names of individuals who will staff your exhibit.
* We will contact you to give you your poster session number and location prior to the conference.
* Please contact Dr. Devona Williams **(**[**devona@goeinswilliams.com**](mailto:devona@goeinswilliams.com)) if you are interested in sponsorships which begin at the $500 level. Sponsors may have a vendor table at no charge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_