

Research Poster Request/Approval Form:

You must meet the following criteria in order for your research poster costs to be covered by the UH Clinical Research Center: **UH Faculty** with an **Assistant Professor** or **Associate Professor** rank **and** listed as the **first or senior author on the publication**. Valid through the year 2021.

UH Faculty Name: _____

Department: _____

Email: _____

Phone Number: _____

IRB Number: _____

Short Study Name: _____

Conference Title & Date: _____

Poster Size: 56X35 - 52X42 - 60X40 - 56X44 (please circle one)

Date Needed By: _____

Delivery Location: _____

1.) Once completed submit this form for approval by email to: Laura.Randall@UHhospitals.org

2.) Once you have the approval of the Clinical Research Center please attach this signed form with your poster order to Taylor Communications: Jan.Lochotzki@taylorcommunications.com

Quality improvement projects do not qualify for this initiative, this is for research projects only

--For the Clinical Research Center's Review Only--

Title of Approver: _____

Approver's Signature: _____

Approval Date: _____