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 2020.

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: _______________

1.) Once completed submit this form for approval by email to: Kayla.Schlick@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: ______________________________