Poster Request Form

Requester Name:		Best Contact Number:	
Date Requested:	Date Required	d:	
Poster Type: Faculty	y Research 🗆 Student Research	□ Academic □ Global IRB #:	
Poster Title:			
Presentation Venue (Co	onference):		
(City:State:	:Date:	
Poster Size:	high by wide *THIS	SIZE MUST REFLECT SIZE IN POWER POINT	
Poster Type: Gost		nination Iditional \$1.75/sq. ft.)	
Shipping to conference	e and return requested: \Box No \Box Yes $\overline{\ _{ m Valid}}$	date Shipping Expense	
Estimated Cost: \$_	(include shipping estimate	te if requested)	
Ft	und Source: □ College Commitment	□ RIA □ Project	
Please allow two (2) we	eeks after receipt to format poster and rec	ceive poster approval.	
Please allow three (3) b	ousiness days after approval to obtain a po	oster proof and final poster.	
You will be notified who	en poster is available and may choose picl	k up or have it delivered to your office.	
Posters paid for by the	College of Nursing MUST be created on th	he current college branded template.	
Send completed form to twittenberg@usf.edu vi	o Cassidy Delamarter - <u>cdelamarter@usf.c</u> ia DocuSign.	edu and Trudy Wittenberg -	
Requestor: Do not write	below this line		
IRB Review (Research)): Trudy Wittenberg	Date	
	□ Approved □ Denied		
Marketing Review:			
	Cassidy Delamarter	Date	
	□ Approved □ Denied		
Approval of Funds	(Dean/Associate Dean signature)	Date	
	(Dean/Associate Dean signature)	Dale	