

**Northeast Association for Clinical Microbiology and Infectious Disease (NACMID)**  
**Annual NACMID Meeting – September 23 & 24, 2024**  
**Sheraton Nashua**  
**11 Tara Blvd. – Nashua, NH 03062**  
**Student Poster Abstract/Agreement Form**



**POSTER ABSTRACT FORM**

**Your Name and credentials: (as you would like it to appear in the program)**

**Degrees, Certifications:**

**Institutional Affiliations:**

**Poster Title:**

**Poster Abstract (please use a font >10 pt., 500 word maximum)**

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<b>Other Author's Names (if applicable):</b>	
<b>Cell Phone (for contact on day of event):</b>	
<b>E-mail address:</b>	
Are you a member of NACMID? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a member of ASCP? <input type="checkbox"/> Yes <input type="checkbox"/> No	If invited to give an oral presentation, I would accept: <input type="checkbox"/> Yes <input type="checkbox"/> No

Signatures below indicate that you agree to the program and that the submitted abstract and poster are an original work and have no prior ownership or copyright restrictions.

Presenter	Date
NACMID Representative	Date

**Contact Information for NACMID Program Representative:**  
**Name:** Kristin Palladino **Email:** [KPalladino@bwh.harvard.edu](mailto:KPalladino@bwh.harvard.edu)  
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*Please sign and return (via email, mail, or in-person) to the NACMID representative above by no later than: **August 31, 2024.***

**Please note:** NACMID is a non-profit organization, run by volunteers who are dedicated to providing high-quality education for the current and future workforce of Clinical Microbiology and Infectious Diseases in New England at an affordable price to attendees. Adhering to the **dates** acknowledged on this agreement helps us to keep costs low for all attendees!! Thank you!

Please save a copy of this form for your files before returning it. Thank you and we look forward to seeing you at the meeting!

**Questions? Again, please contact the person listed above.**