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**Poster Application**

Name of primary presenter/applicant:

Membership status (Mark with X): SDPA member APA Division 50 Member Neither

Educ./Prof. background: Licensed Psychologist Other mental health professional Student

Email Address: Cell phone number:

Poster title:

Author name(s):

Affiliations (school, department, agency, organization, etc.):

Abstract (250 words maximum):

References (please include 3 peer-reviewed published references supporting the content of your poster):

1.
2.

I am submitting my abstract for consideration as a poster at the *First Annual Conference on the Practice of Addiction Psychology*. I understand that I am required to register for this conference and present in person if this proposal is accepted:

Printed or typed name Signature Date