

**36th Annual MH/IDD Joint Conference**  
**Beyond Barriers: Innovations and Solutions for a Better Mississippi**  
**Golden Nugget Casino - Biloxi, MS - November 6 - 8, 2024**

**CALL FOR POSTERS**

**DEADLINE TO SUBMIT PROPOSAL**

**August 1, 2024**

**Title of Poster:**

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**Please note:**

1. *Call for Posters need to be typed or printed.*
2. *Poster proposals should summarize research or share programmatic activities.*
3. *Organizational displays of a general nature are welcome but will be charged a \$350 exhibitor fee.*
4. *Title of Poster cannot be changed once submitted.*
5. *Presenters will be responsible for providing their own audio/visual equipment, setup, and extension cords.*
6. *Presenters are responsible for **set-up on Thursday, November 7, 5:30 p.m. - 6:30 p.m.** (Tentative) Presenters will be notified if time frame changes.*
7. *Poster session is scheduled on **Thursday, November 7, 6:30 p.m. - 7:30 p.m.** (Tentative) Presenters will be notified if time frame changes.*

Please check if electrical outlet is needed.

Target Audience: (Check all that applies)

Mental Health

IDD

Children

Alcohol/Drug

Management

General

**ABSTRACT:** Please limit abstract to **200** words or less.

*Please list the primary contact first. Provide information for each person involved with the poster presentation.  
If additional staff are involved, make a copy of this page.  
Name should be listed as you would want it to be listed in the program.*

**Primary Contact**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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**Additional Contacts**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

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**DEADLINE: August 1, 2024**