Women's Health Symposium II: Pregnancy and Beyond

Poster Presentation Request Form

Presenter Name: _____ Credentials: _____

Facility: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Title of Poster: _____

Topic: _____ healthy pregnancy initiatives _____ Centering Pregnancy

_____ Family-centered care _____ risk reduction strategies

_____ decrease neonatal outcomes _____ Other: _____

Please describe topic and content of poster: _____

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Please submit to Michelle Gorelow, MAEd at mgorelow@marchofdimes.com.