



Association of Collegiate Educators in Radiologic Technology Application for Poster Competition

I wish to submit a display and request a reservation for space in the ACERT Poster Competition.

Name: _____

Program Name and School Address: _____

City: _____ State: _____ Zip code: _____

Program Telephone: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Home Telephone: _____

Title of Display:

Brief Description:

Note: Applications for the Poster Competition **must be complete and submitted electronically to ACERT President Ray Winters at Rwinters@astate.edu by January 9, 2012.** A 3x5-typewritten notecard must accompany each poster accepted for display at the conference. This must contain the student's name, student status, institution, and city. This card will be attached after judging is completed.

I have read, understand, and agree to abide by the rules and regulations governing the ACERT Poster Competition. I agree to assume full responsibility for my display, including on-time arrival and post-conference disposal, and understand that ACERT is not responsible for loss or damage.