2026 DOWNSTATE ANNUAL RESEARCH DAY REGISTRATION

The deadline for registration is **February 26 at midnight (EST)**. By submitting this form, you declare your intention to present at 2026 Annual Research Day. For the complete information and agenda, please visit the Downstate Annual Research Day website by clicking here.

Participation in Annual Research is mandatory for PhD students in the School of Graduate Studies past their second year, and for MD-PhD students past their 1st year in their PhD training. Graduate students more junior than either described category are encouraged to participate. Participation is encouraged for SUNY Downstate College of Medicine students, Public Health students, College of Nursing students, School of Health Professions students, post-doctoral fellows, graduate medical fellows, residents and undergraduates who are associated with SUNY Downstate Medical Center faculty members.

To guarantee your presentation slot for Annual Research Day the registration form (below) must completed between **Monday**, **February 9th**, **2026 and Thursday**, **February 26th**, **2026** and you must be available to present your research on **Wednesday**, **March 18th**, **2026**.

For the poster sessions, the size of the posters cannot be larger than 40" top to bottom x 60" wide, and the **registrant is responsible for producing and printing** their own poster. In rare cases, the Dean of the School of Graduate Studies will allow the display of a second non-competitive poster, but this **must be prearranged via Dr. Justine Lottermoser (justine.lottermoser@downstate.edu).** Each participant is allowed a **maximum of submitting two (2) posters** for consideration. Poster presenters can find more guidance on the <u>Downstate Annual Research Day website poster information</u>

<u>section by clicking here</u> (downstate.edu/education-training/school-of-graduate-studies/annual-research-day/index.html#poster-printing-information).

<u>Information about School of Graduate Studies</u> <u>Awards</u>

Faculty and alumni of Downstate Health Sciences University will judge the abstracts and presentations of the students in the School of Graduate Studies to competitively award a number of travel awards. **Only students in the School of Graduate Studies are eligible to compete** for awards or present at the oral presentation/platform session, but other entities on the campus may use the Research Day mechanisms to score and award prizes to their students or employees at the poster sessions. Chairs or heads of departments should contact the School of Graduate Studies to identify their participants and who will be receiving the data.

Graduate Students will be judged using the following criteria. Other schools or departments are welcome to use the Graduate School scoring system and mechanism:

Your Prefix Title Dr. Mr. Ms. Other First Name (Personal Name) Please use regular formatting. Do not use ALL CAPS or all lower case. Last Name (Family Name, Surname) Please use regular formatting. Do not use ALL CAPS or all lower case.

Presenter's contribution to the presented work: 30pts

Abstract: 15pts

Clarity of Presentation 20pts

Knowledge of Subject/Understanding of Scientific Significance: 20pts

Experimental Design for research studies or case description for case studies: 15pts

Your Suffix Title

Ph.D.	M.D.	M.S.	B.S.	Other
	nal Street Acg Downstate or other		ddresses will r	not be valid for
City				
State				
New York	New Jerse	ey Co	onnecticut	Other
\circ	\bigcirc		0	

Zip Code	
Phone Number – Enter numerical di	gits only
Your Downstate Email Address	
This will be the address we use to contact you. Registration	on forms using
department/group email addresses are discouraged - v	we will be unable to inform you
whether your abstract is accepted or what session you wil	I be assigned to. If you do not
have a Downstate email address, please enter whichever	email address we can best
reach you by.	
	•••
Please confirm your Downstate Emo	ail Address
If you do not have a Downstate email address, please ente	er whichever email address we
can best reach you by.	

Describe your primary status in SUNY Downstate Medical Center

\bigcirc	School of Graduate Studies Student
\bigcirc	College of Medicine Student
\bigcirc	School of Public Heath Student
\bigcirc	College of Nursing Student
\bigcirc	School of Health Professions Student
\bigcirc	Resident
0	Other (If you are neither a student nor a resident at SUNY Downstate, please identify your school and program, or qualification as a presenter for Annual Research Day):
	f vou are a recident place identify your department
	f you are a resident, please identify your department

If you are a resident, please identify your Post

Graduate Year

digits) If you have a SUNY Downstate Medical Center Student ID Number (9 digits), please enter it. If you do not have one, please disregard this field. Your Sponsor's/Advisor's Prefix Title Dr. Mr. Mrs. Ms. Other O O O O O O O O O O O O O O O O O O O						
SUNY Downstate Medical Center Student ID Number (9 digits) If you have a SUNY Downstate Medical Center Student ID Number (9 digits), please enter it. If you do not have one, please disregard this field. Your Sponsor's/Advisor's Prefix Title Dr. Mr. Mrs. Ms. Other Your Sponsor's/Advisor's First Name (Personal Name) Please use regular formatting. Do not use ALL CAPS or all lower case.	PGYI	PGY2	PGY3	PGY4	PGY5	Other
digits) If you have a SUNY Downstate Medical Center Student ID Number (9 digits), please enter it. If you do not have one, please disregard this field. Your Sponsor's/Advisor's Prefix Title Dr. Mr. Mrs. Ms. Other O O O O O O O O O O O O O O O O O O O	0	\circ	\circ	\bigcirc	\circ	0
digits) If you have a SUNY Downstate Medical Center Student ID Number (9 digits), please enter it. If you do not have one, please disregard this field. Your Sponsor's/Advisor's Prefix Title Dr. Mr. Mrs. Ms. Other O O O O O O O O O O O O O O O O O O O						
If you have a SUNY Downstate Medical Center Student ID Number (9 digits), please enter it. If you do not have one, please disregard this field. Your Sponsor's/Advisor's Prefix Title Dr. Mr. Mrs. Ms. Other O O O Your Sponsor's/Advisor's First Name (Personal Name) Please use regular formatting. Do not use ALL CAPS or all	_	ownstate M	ledical C	enter Stud	dent ID N	umber (9
Number (9 digits), please enter it. If you do not have one, please disregard this field. Your Sponsor's/Advisor's Prefix Title Dr. Mr. Mrs. Ms. Other O O O O O O O O O O O O O O O O O O O	digits)					
Your Sponsor's/Advisor's Prefix Title Dr. Mr. Mrs. Ms. Other Your Sponsor's/Advisor's First Name (Personal Name) Please use regular formatting. Do not use ALL CAPS or all	If you ha	ve a SUNY D	ownstate	Medical C	enter Stu	dent ID
Your Sponsor's/Advisor's Prefix Title Dr. Mr. Mrs. Ms. Other Your Sponsor's/Advisor's First Name (Personal Name) Please use regular formatting. Do not use ALL CAPS or all	Number	(9 diaits), p	olease ent	er it. If vou	do not ho	ave one.
Your Sponsor's/Advisor's Prefix Title Dr. Mr. Mrs. Ms. Other Your Sponsor's/Advisor's First Name (Personal Name) Please use regular formatting. Do not use ALL CAPS or all						
Dr. Mr. Mrs. Ms. Other O O O Your Sponsor's/Advisor's First Name (Personal Name) Please use regular formatting. Do not use ALL CAPS or all	picase a	isiogala tili	o noid.			
Dr. Mr. Mrs. Ms. Other O O O Your Sponsor's/Advisor's First Name (Personal Name) Please use regular formatting. Do not use ALL CAPS or all			2)	<u> </u>		
Dr. Mr. Mrs. Ms. Other O O O Your Sponsor's/Advisor's First Name (Personal Name) Please use regular formatting. Do not use ALL CAPS or all		0			70	
Dr. Mr. Mrs. Ms. Other O O O Your Sponsor's/Advisor's First Name (Personal Name) Please use regular formatting. Do not use ALL CAPS or all						
Your Sponsor's/Advisor's First Name (Personal Name) Please use regular formatting. Do not use ALL CAPS or all	Your Sp	onsor's/Ad	visor's Pr	efix Title		
Please use regular formatting. Do not use ALL CAPS or all	Dr.	Mr.	M	rs.	Ms.	Other
Please use regular formatting. Do not use ALL CAPS or all	0	0			0	\circ
Please use regular formatting. Do not use ALL CAPS or all						
Please use regular formatting. Do not use ALL CAPS or all		_			_	_
	Your Spo	onsor's/Ad	visor's Fi	rst Name	(Persona	l Name)
lower case.	Please us	se regular fo	ormatting	. Do not us	e ALL CAP	S or all
	lower cas	se.				

CAPS or all
Other

Your Sponsor's/Advisor's Last Name (Family Name,

Name of Sponsor's/Advisor's Department

If not SUNY-Downstate, please also enter Institution information.

	•••
	_

Your Sponsor/Advisor's Email Address
Additional Advisor(s) so Advisors Co Spansors
Additional Advisor(s), co-Advisors, Co-Sponsors
Also, if this work is associated with a paper, please list any additional authors on that
paper so that they can be avoided as judges.
Please type a dash, if none are listed.
Please list each name separated by a comma in a single line of text

Molecular & Cellular Biology Neural & Behavioral Science Biomedical Engineering Clinical Research Case Reports Public Health Translational Research Social Research **Quality Improvement** Other **Abstract Title** Please Type Your Abstract Title in Plain Text, Using Title Font, NOT "ALL CAPS", or "all lower case".

The abstract should be classified as

Abstract Text

Use plain text (paste as **plain text** if taken from elsewhere). Not more than **2000 characters, including spaces and punctuation**. Entries with additional characters will not be accepted by this form, so please check your abstract for size and

enter or paste as **plain text**. Submissions that are full of code, or unreadable, will not be honored. Do not include lists or tables in the abstract. Equations may be disallowed if they are too cumbersome to print within the allotted space. Define abbreviated terms in the text when they are initially used (unless they are commonly understood). The abstract should include the rationale for the research, a brief description of the methods, the results, and a brief discussion of the results and their significance in the context of the literature.



Question <u>only</u> for students of SUNY Downstate School of Graduate Studies

Select whether or not you would like to present your work as an oral/platform presentation. The number of oral presentations are limited. Registrants not selected for an oral/platform presentation will be informed and will have to present their work in poster form. All other Annual Research Day registrants, please leave this choice blank.

Oral/Platform scheduled for 11:00am-1:30pm on March 18th in PHAB Classroom 2E

O Poster Presentations 2:30pm - 3:45pm on March 18th in the PHAB Hall
I understand that I am responsible for printing my poster and that it is strongly encouraged to <u>plan that</u>
now.
I am aware that information on printing options (both Downstate in-house and external)
can be found at downstate.edu/education-training/school-of-graduate-
studies/annual-research-day/index.html#poster-printing-information
O Lunderstand
O I did not properly read this prompt
Is this your first submission to <u>this</u> Annual Research
Day?
If this submission is meant to replace or update an existing registration, have you
informed Dr. Justine Lottermoser (justine.lottermoser@downstate.edu) to remove your
outdated registration information?
I need to inform the organizer to remove my previous submission
O This is my first registration form
O I have permission to submit a 2nd poster

This is the end of the registration form.

Check correctness of your entries, then

- 1. select **Submit**
- 2. **press the "next page" button** in the bottom-right of your screen (rectangular dark blue box with white arrows >> >)
- O Submit I hereby declare my intention to present on Annual Research Day

Please find all information about the Downstate Annual Research Day and poster guidance at downstate.edu/education-training/school-of-graduate-studies/annual-research-day/index.html

Powered by Qualtrics