



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Poster guidelines

Guidelines on how to create an effective Poster.

Trawsnewid Addysg; Trawsnewid Bywydau
Transforming Education; Transforming Lives



www.uwtsd.ac.uk

What goes in the poster?

- Think of it as a short story.
- Describing a few major points.
- Have a good balance between text and graphics.
- Give it graphics and a title that will grab the reader's interest.

Who is it for?

- Consider and design the poster for the Target audience
- Your poster may not be aimed at experts in the field.
- Any text descriptions should be clear and concise.
- Depending on your assessment, the target audience may include:
 - Your lecturers
 - Potential Customers
 - Other students on your programme
 - Potential employers
 - The general public.

Poster design

- All posters should have two main elements
 1. Simple and clear data or graphic or design images/displays
 - Make it easy for people to see
 2. Small supporting blocks of text
 - Consider stating the: Who, what, where, when, why?.
 - Brief clear and concise descriptions. Don't make people stand in front of your poster reading for too long.

Poster Size

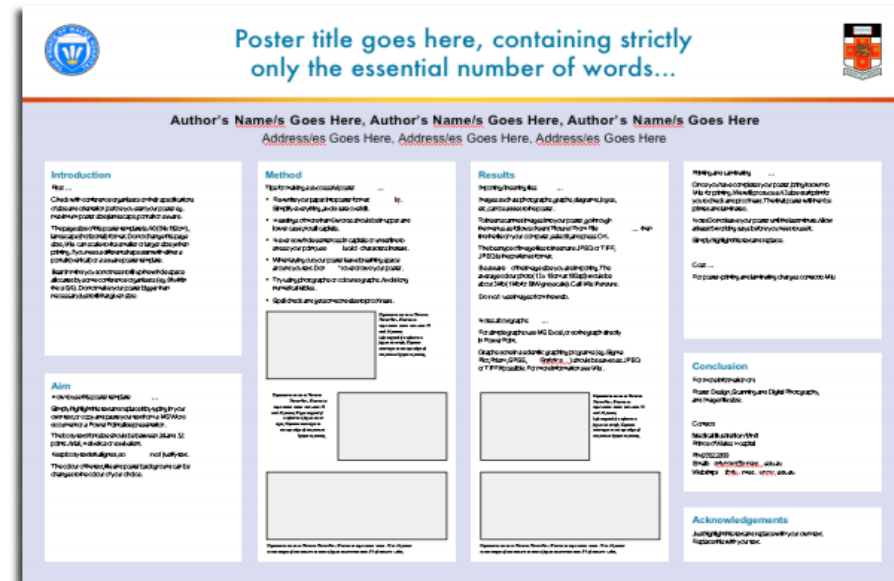
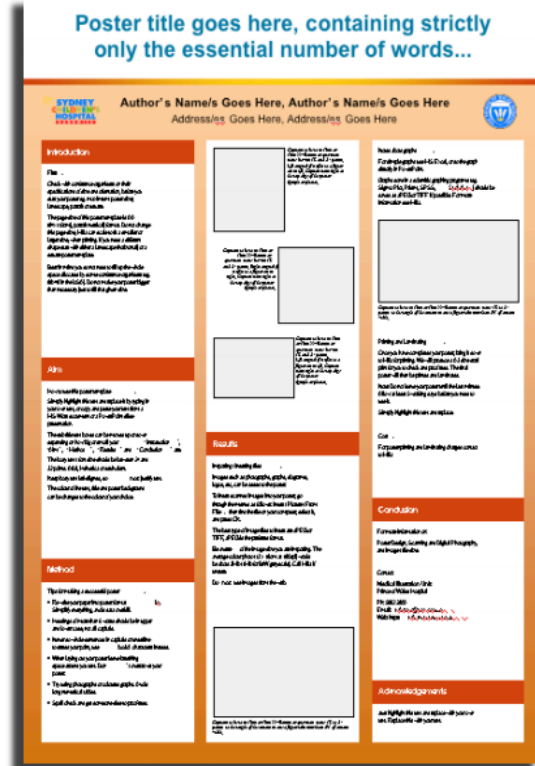
- Before designing your poster, it is very important to know what size your poster needs to be.
- Please check your assessment/activity guidelines to find out.
- For academic poster creation we usually use the '[International A Sizes](#)' as a guide.
- Please [click-here](#) to discover the paper dimensions for A1, A2, A3 and A4 poster sizes.
 - Tip: you will need to know this when creating your poster in your chosen design tool, next >.

Poster design options

- Depending on your area of study, choose a poster design tool you feel you would be most comfortable using.
- There are many poster design tools, here are some examples:
 - **PowerPoint:** Please [click-here](#) to learn how to create a poster using [MS PowerPoint](#).
 - **Publisher** Please [click-here](#) to learn how to create a poster using [MS Publisher](#).
 - **Illustrator:** Please [click-here](#) to learn how to create a poster using [Adobe Illustrator](#).
 - **Google Slides:** Please [click-here](#) to learn how to create a poster using [Google Slides](#).

Poster orientation

- Your poster orientation can either be portrait or landscape.



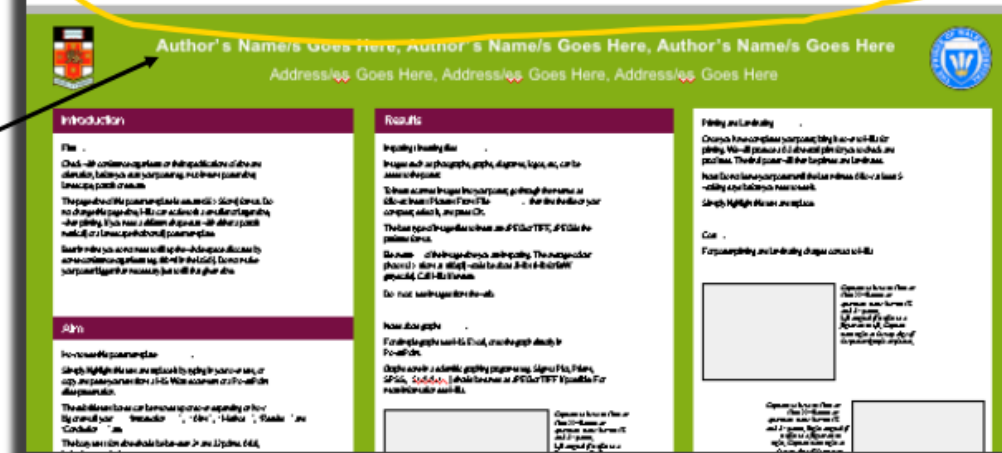
The title

- Your poster title should be big
- Really big
- Really, really big

Your biggest impact!
Boldface type
Not all caps!

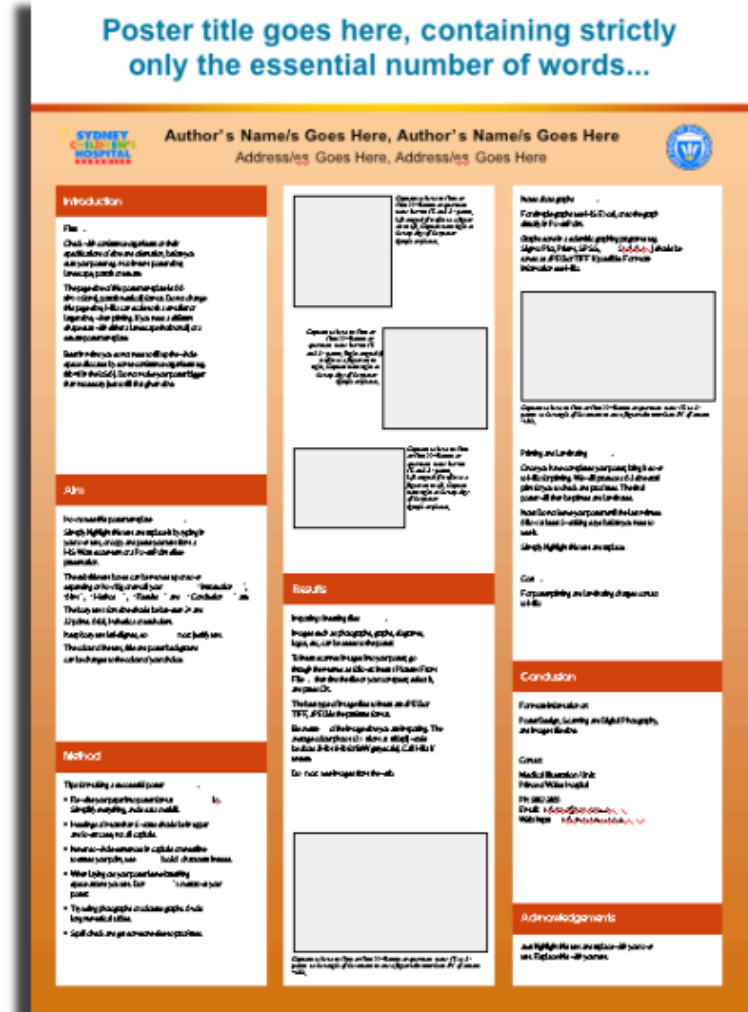
Poster title goes here, containing strictly only the essential number of words...

Group authors
names and
affiliations



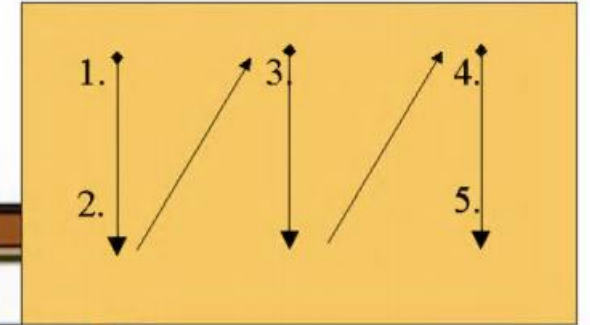
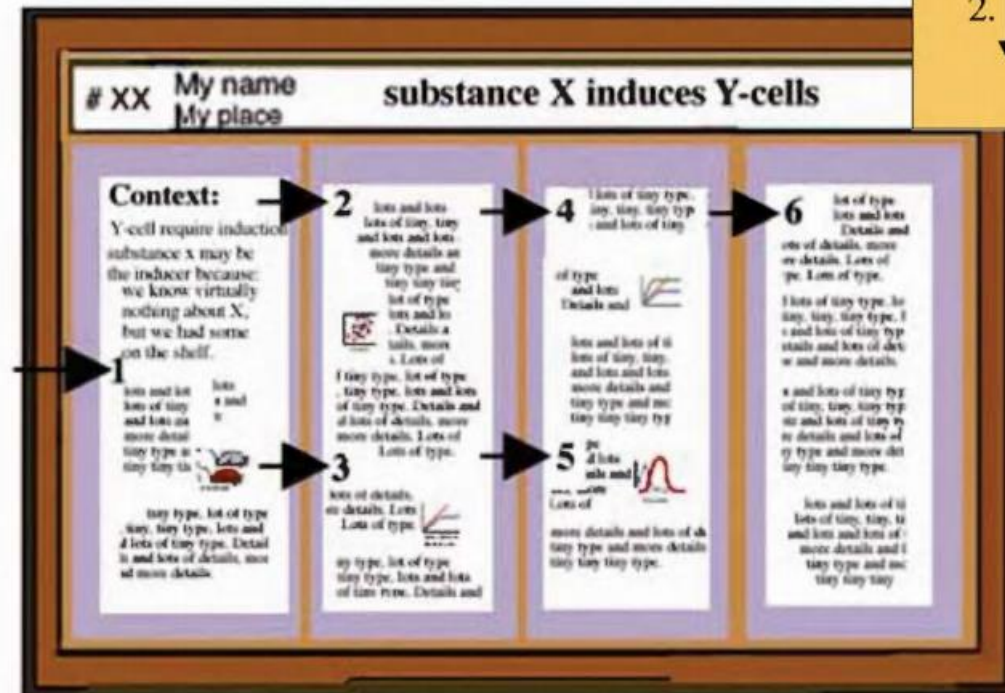
The text

- Leave white space around the text
- Use easy-to-read fonts
- Use the same styles and sizes throughout
- Left-aligned text (not fully justified) is easier to read.



The text

- Organise your text in a logical manner.
- Number each section in the sequence in which you would like the reader to follow through the poster.
 - Up/down or Side to side
 - Make it easy to follow.



The text

- Make sure the text is not too small.
- For example:

Title: 85 point

Authors: 56pt

Sub-headings: 36pt

Body text: 24pt

Captions: 18pt

Conclusions first: 44 pt bold
Always put the most important part - your conclusions - first! Place your conclusions in the upper left hand corner of your poster. Prepare your material from the reader's perspective. What was done, by who and your conclusion has to be understood within a couple of second's reading! Use active voice when writing the text. textsize: 34 pt regular

Introduction
Posters are primarily visual presentations. Your poster should be dominated by self-explanatory illustrations such as graphs and pictures while the amount of text should be kept to the minimum.

Your aim
Your poster is an advertisement for your research and as such it needs to be eye-catching and straight to the point. You only have seconds, or at best a few minutes to attract the attention of the visitor to a poster session. Keep your message short and clear.

Your message
Keep your message clear and your text concise. Decide what is relevant for this poster and try to get your message across to your target group.

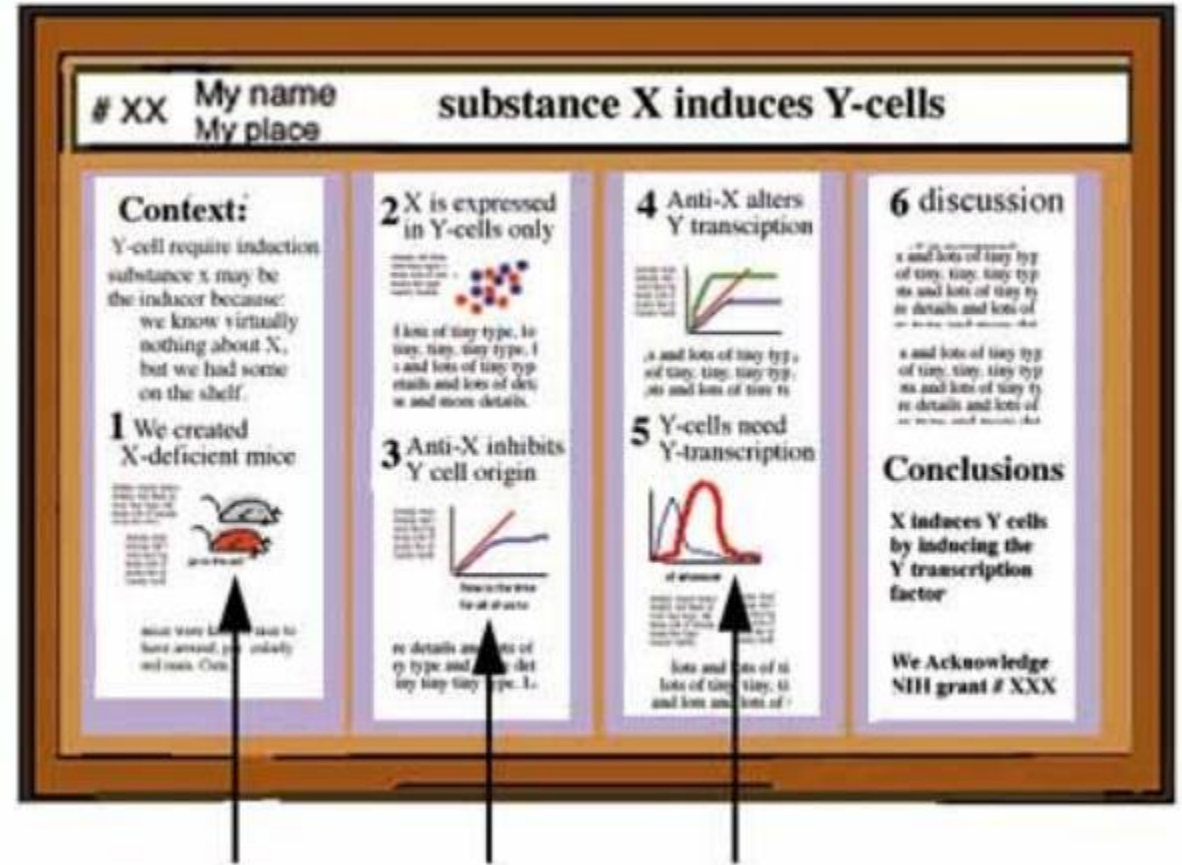
Layout, photos and print
Contact [Mediahub](#) at University Library for help with layout and image enhancement. For printouts and professional photographers contact [Photohub](#). For more information: [www.hjdmakemakeit.com](#)

Handouts
If you succeed in getting the reader's attention, provide her/him with more detailed information in the form of handouts or printed articles. Include references on your handout instead of your poster.

It is always nice to put in a picture and write some few short notes of what's going on in the future. Put handouts, business cards, nearby - on a table or in an envelope hung with the poster.

The graphics

- Use graphics to
 - Break up the text
 - Replace text
 - Catch the eye
- Label each figure.

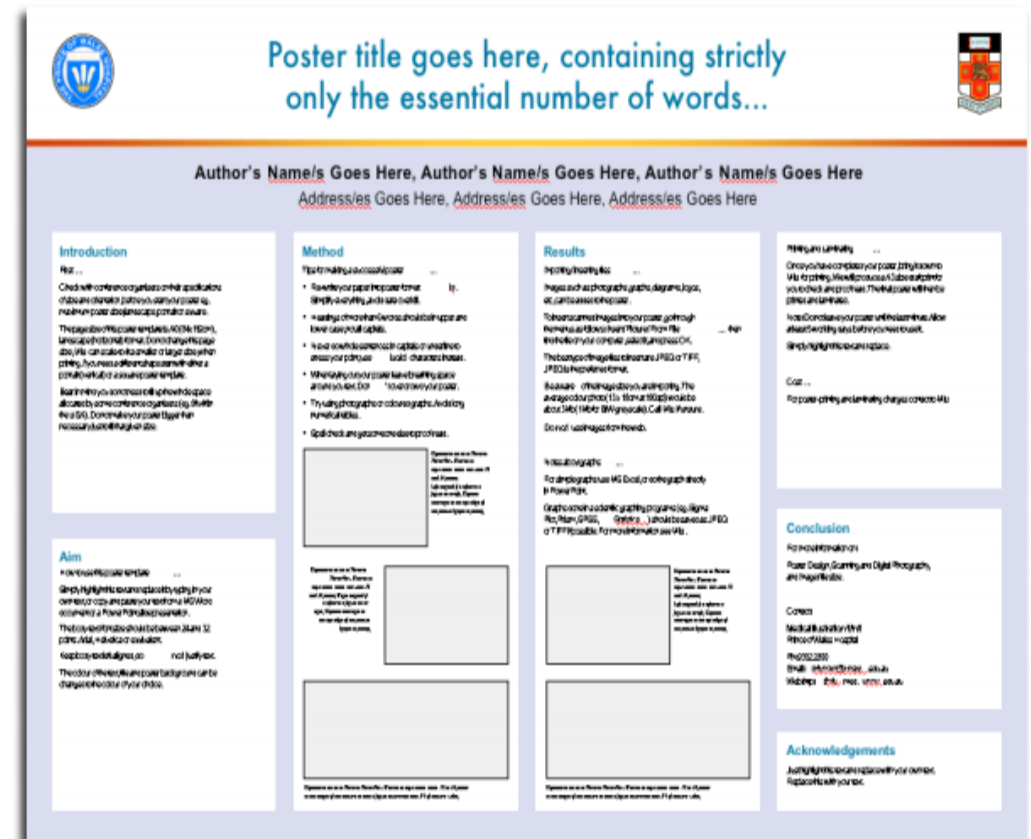


The graphics

- Colour is your friend, but use it carefully!

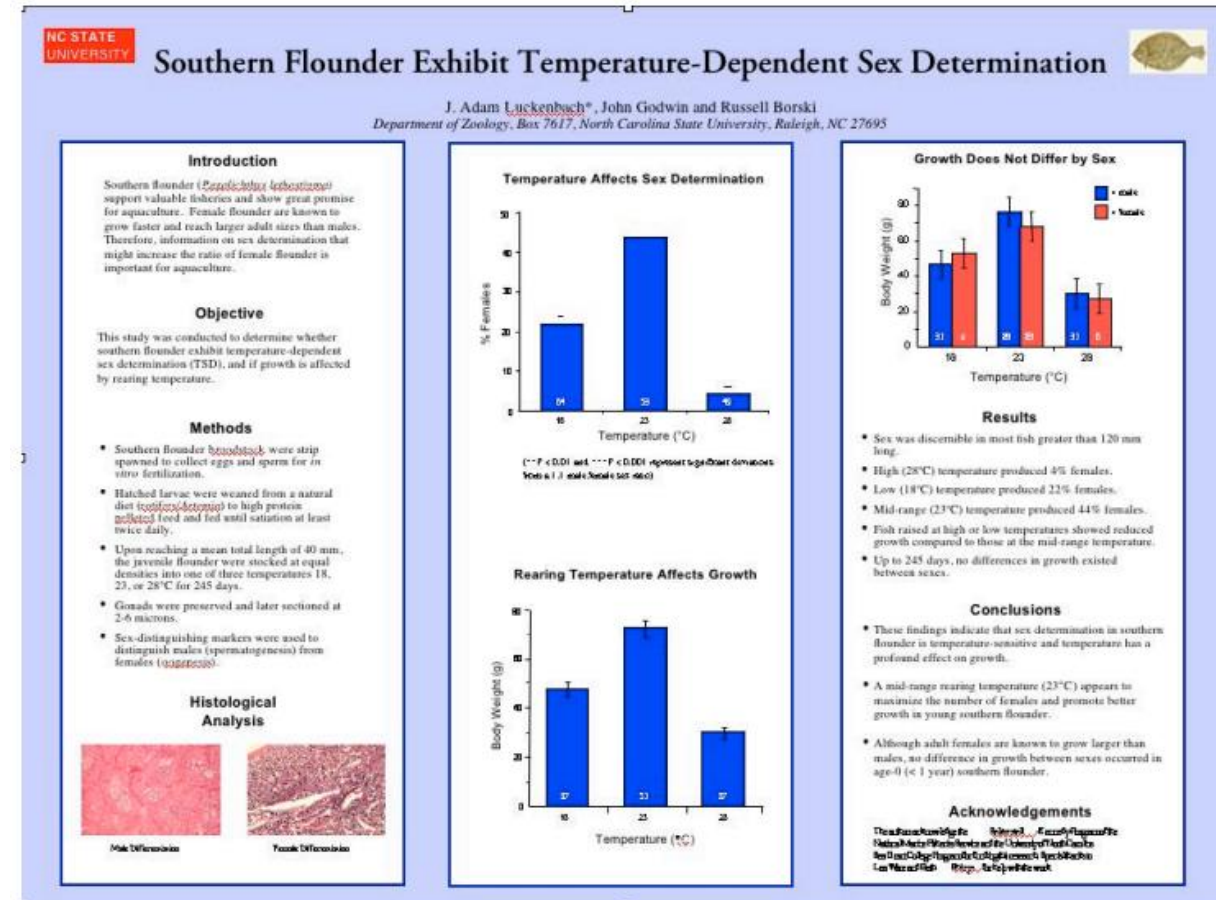
2-3 colors, no more!

Dark type on
light color background



The graphics

- Light coloured backgrounds add definition.
- Do not use patterned backgrounds, they can be distracting.



Good or bad?

SOME EXAMPLE POSTERS

Using a Windbreak Habitat Model Across Broad Landscapes: The Effect of Local Landscape Composition and Geographic Location

George Hess¹, John Poulsen², Raymond O'Connor², Jeff Bay¹



A bit text heavy
but not too bad.



Determining the Wear Resistance of Occlusal Splints in a Prospective Clinical Study

P. Otl, P. Schmelz, A. Piwowarczyk, H.-Ch. Lauer

Dept. of Prosthodontics, School of Dentistry (Director: Prof. Dr. H.-Ch. Lauer), ZZMK (Carolfarm), J. W. Goethe University, Frankfurt, Germany

Objective

- To determine quantitatively the wear resistance of a newly developed light-curing splint resin over a period in sets of six months.

Materials and Methods

Patients

n = 20 consecutive patients
(mean age: 34.7 years; 12 F, 8 M)

Inclusion criteria

- Natural dentition/total denture
- Complete dentition to at least the 1st molar and
- for the *stabilization splint sample*:
- Insufficient occlusal support
- Increased occlusal loss of dental hard tissue

for the *distraction splint sample*:

- TMD pain and
- Complete anterior dislocation of the disk without reduction with terminal reduction
- TMD outbursts



Fig. 1: Stabilization splint in situ

Resin splint material (Fig. 1)

- Light-curing (800-500 nm) resin made of high-molecular dimethacrylates with organic and inorganic fillers
- Does not contain methyl methacrylate

Study design

- Duration: 6 months
- Types of splints (n=10, n = 10 each):
 - stabilization splints, distraction splints
- Splint wear mode: 24 hours
- Examinations:
 - before insertion (BI), at 4 weeks (4W), at 3 months (3M), at 6 months (6M)
- Occlusal adjustments were restricted to the time before 4W

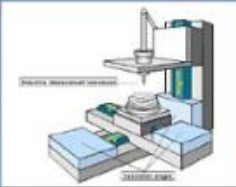


Fig. 2: Test setup

Measuring technology (Fig. 2)

- Vibration-related table framework
- 3 translation stages (for directions x, y, and z) (DC-Motor) (P1, Wälblumen)
- DV 4 stereomicroscope (Zeiss, Oberkochen)
- WA 20 inductive displacement transducer
- Spider8 digital 8-channel measurement unit
- Camtec 32 software V2.1 (HBM, Darmstadt)
- Local coordinate storage for occlusal contacts during baseline measurements
- Ten measurements each in regions 13, 23, 16, 26 (BI, 4W, 3M, 6M)
- Splint repositioned on remount cast

Results

- The modulus of the occlusal vertical groove losses (wear, resin loss, water sorption, etc.) are shown in Fig. 3 (stabilization splints) and Fig. 4 (distraction splints).

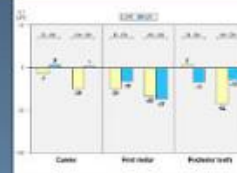


Fig. 3: Occlusal vertical groove losses (mm) of the resin in the wear a possible site of the modulus ($n = 10$ patients in each group)

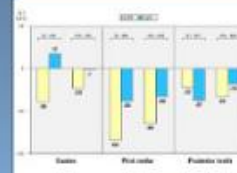


Fig. 4: Occlusal vertical groove losses (mm) of the resin in the wear a possible site of the modulus ($n = 10$ patients in each group)

- Statistical analysis (Mann-Whitney U-test, $p \leq 0.05$) showed no significant differences when comparing the corresponding results of stabilization and distraction splints.



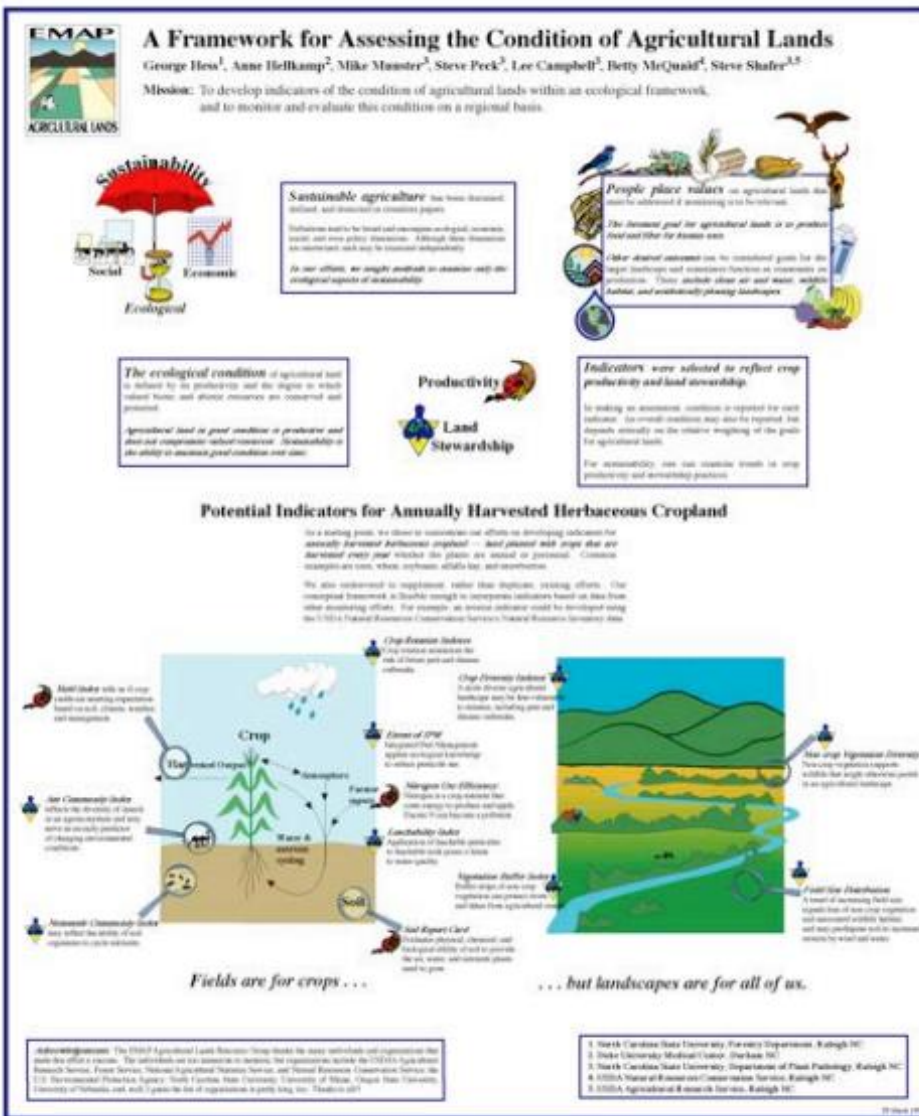
Fig. 5: a) Occlusal surface (before BI) of the resin before wear a possible site of the modulus ($n = 10$ patients in each group). b) Occlusal surface (after BI) of the resin before wear a possible site of the modulus ($n = 10$ patients in each group).

Conclusions

- The present study clinically confirms the good wear resistance results of the new resin splint material obtained in a previous in vitro study [Otl, et al., Dtsch Zahnärztl Z 52, 342 (1997)].
- Good wear resistance is of great importance for maintaining the therapeutic mandibular position during the treatment period (Figs. 3a and 4a).



Nice poster

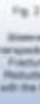


Where do I begin?

Steven R. Gartin, M.D., leader R. Leiberman, M.D., Mark J. Leitz, M.D., Joseph W. Lane, M.D., Frank W. Phillips, M.D., Harold S. Matthews, M.D., Hansen A. Yuen, M.D., Barton H. Sachs, M.D., for the Kyphoplasty Study Group

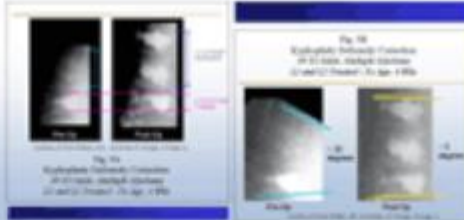
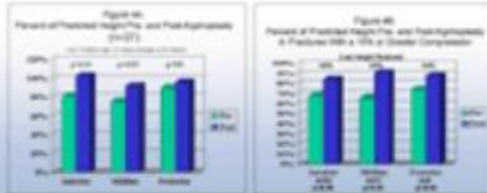
- 760,000 C/Ps a year
- 275,000 diagnosed, 180% due to pain
- Spinal deformity associated with:
 - Significant morbidity
 - 22% increased mortality (Radio, Ann Int Med 1988)
- Current treatments include:
 - Open surgeries fail
 - Medical management palliative
- Vertebroplasty
 - Retrolateral transpedicular cement fill
 - Relieves pain
 - Requires high pressure and cement curing
 - High rates of symptom relief:
 - Up to 72% where documented (J Bone Joint Surg, Radiology 1987)
 - Major complications (Chen, J Int Neuronal 1987):
 - 1.3% in osteoporosis
 - 10% in metastatic cancers

Myofasciectomy is a minimally invasive orthopedic procedure for reducing and fixing painful vertebral body compression fractures secondary to osteoporosis. Using a posterior approach, one or two inflatable bone tamps (Fig. 1) are inserted into the fractured vertebral body, generally using a distal transpedicular approach (Fig. 2). The surgeon carefully inflates the balloon tamps (Fig. 2) using radiopaque control markers with image, volume and pressure control. The increased balloon tamp volume compacts the oval cancellous bone as it pushes the fractured outer cortical bone back toward its normal position. The inflation pump is also controlled by placement, volume and balloon design. After reduction, the balloon tamps is removed, and the resulting void is filled with fast curing PMMA under manual control and low pressure. The steps of Kyphoplasty are illustrated in Fig. 3.



A retrospective multi-center review to assess early outcomes with Hyprolign®. Pain was localized by physical examination. The presence of marrow edema and collapse was confirmed on MRI. General or deep bone tenderness was observed at an anatomic number or level. The patient was followed up for 24 hours post-surgery. The patient's back pain was improved, the bone or spine 24 hours post-op and at least follow-up (fractured and non-fractured vertebral body heights were measured anterior, midline and posterior in the T2-T7 vertebral body fractures treated by one surgeon (BMR)). The height of the fractured vertebral body was used to calculate the % of ground height for all the patients (Fig. 4A) and for the sub-set where only 46% or more of ground height for all before treatment (Fig. 4B).

The pre-treatment height was subtracted from the predicted height, then divided by the post-treatment height subtracted from the predicted height, to find the percentage of full height restored. One set of 3 X-rays by one surgeon (PM) are used to show an example height restoration (Fig. 5a) and deformity correction (Fig. 5b). Device-related major complications from all procedures are reported. PMR tests in the first 70 procedures performed by one surgeon (PM) were assessed with X-ray and MRI.

[illegible]

OK, but
which way
do I go?



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Your Ingenious Teaser Right Here to Woo Them Down to the Body

Therapeutic outcome: irregular

Conclusions first: 44 pt bold

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woodchuck in the United States
has a mean mass of 2.5 kg.

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Your message

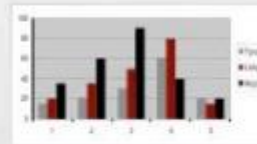
Keep your message clear and your text concise. Decide what is relevant for this poster and try to get your message across to your target group.

Layout, photos and print

Contact [Medjahed](mailto:Medjahed@uakron.edu) at University Library for help with layout and image enhancement. For printouts and professional photographers contact [Rizmakarna](mailto:Rizmakarna@uakron.edu). For more information: medjahed@uakron.edu or rizmakarna@uakron.edu



Neurolept analgesics (Naloxone, Diprivan)



Always write a description. Zipcode

Tips:

The best font for text blocks that are as short as they should be on a poster is a Sans Serif typeface family. Therefore, use sans serif fonts such as Arial or **Mundo** sans rather than serif fonts like Times or Courier.

AVOID CAPITAL LETTERS IN TEXTS THAT ARE LONGER THAN ONE LINE, SINCE THEY ARE MORE DIFFICULT TO READ.

Handouts

If you succeed in getting the reader's attention, provide her/him with more detailed information in the form of handouts or printed articles. Include references on your handout instead of your poster.

It is always nice to put in a picture and write some few short notes of what's going on in the future. Put handouts, business cards, nearby - on a table or in an envelope hung with the poster.



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Valley cannot find a way to
 fix speed of IT hardware

Telephone 01442-814320
E-mail: info@hccs.co.uk

and finally, among the
-like system, it has



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Useful sites

- The following sites have more in-depth information about academic poster design, including downloadable PowerPoint templates.
 - <http://colinpurrington.com/tips/academic/posterdesign>
 - <http://www.ncsu.edu/project/posters/>
 - <http://betterposters.blogspot.co.uk/>

References

- Based on and freely adapted from:
<http://www.cns.cornell.edu/documents/ScientificPosters.pdf>.