


TWENTY FIRST ANNUAL
NURSE EDUCATORS CONFERENCE
IN THE ROCKIES
APPLICATION FOR POSTER PRESENTATION

Program Date: July 14-17, 2010

Application Deadline: ~~MAY 15, 2010~~  **E-mail to dherman@cahec.org**

Name: _____ Credentials: _____

Preferred Mailing Address: _____

_____ City _____ State _____ Zip _____

Work Phone: _____ Cell/Home Phone: _____

Email: _____ Summer Email: _____

Present Position: _____

Title/Description: _____

Employer _____

EDUCATION – Please include basic preparation through highest degree held.

Degree	Year Degree	Institution	Major Area of Study
Awarded	Awarded	(Name, City, State)	

1. _____
2. _____
3. _____

TITLE OF PRESENTATION: _____

POSTER PRESENTATION DESCRIPTION:

_____ Please check here if you are the Contact Person/Primary Presenter

_____ By checking here, I am providing my electronic signature approving all the information entered above. (Please enter name and date below.)

Name _____ Date _____

This check mark constitutes my signature