

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

Program Date: July 14-17, 2010

Application Deadline: MAY 1, 2010 E-mail to dherman@cahec.org

Name: _____ Credentials: _____

Preferred Mailing Address: _____

City	State	Zip
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Work Phone: _____ Cell/Home Phone: _____

Email: _____ Summer Email: _____

Present Position: _____

Title/Description: _____

Employer _____

EDUCATION – Please include basic preparation through highest degree held.

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