



FALL CONFERENCE - PROPOSAL FORM

Proposals Accepted: starting April 6 - June 10, 2011

The Saratoga Hilton & City Center, Saratoga Springs, NY

534 Broadway - (888) 866-3596

Please fill out this form and email or fax to Roxanne Wynn-Trotman

Tel: 212-710-3806 - Please confirm receipt

E-mail: rwynn@chcanys.org

Fax: (212) 279-3851

First & Last Name: _____

Title/Position: _____

Center/Org Name: _____

Address: _____

Email(s): _____ Phone: _____

***Presenter/Panelists (list names, titles, credentials - e.g. Jane Robins, RN, MS, FNP) (*between 1 - max 4)**

Title/Topic: _____

Describe proposed topic (200 words or less):

I'd like to be considered to submit a storyboard

Yes **No**

Learning Objectives (list two - three required):