



STATEWIDE CONFERENCE & CLINICAL FORUM  
OCTOBER 24 - 26, 2012

## FALL CONFERENCE - PROPOSAL FORM

*Proposals Accepted: starting April 16 - June 15, 2012*

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](mailto: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):**