

CALL FOR ABSTRACTS

PRESENTATIONS – POSTERS - WORKSHOPS

TWENTY NINTH ANNUAL INTERNATIONAL NURSING TECHNOLOGY CONFERENCE
“Meaningful Use: Implications for Nursing Practice and Education”

CONFERENCE

FRIDAY JUNE 24 4pm – 7pm SATURDAY JUNE 25 8am – 5pm SUNDAY JUNE 26 8am – 1pm

PRECONFERENCE WORKSHOPS ~ THURSDAY JUNE 23 & FRIDAY JUNE 24 2011

WEEKDAY IMMERSION IN NURSING INFORMATICS (WINI)

THURSDAY 6/23 2011 8am – 5pm AND FRIDAY 6/24 2011 8am – 2 pm

FRIDAY WORKSHOPS 9am – 1pm

POSTCONFERENCE WORKSHOPS ~ SUNDAY JUNE 26 2011 2pm - 5pm

THEME: MEANINGFUL USE: IMPLICATIONS FOR NURSING SERVICE & EDUCATION



HYATT REGENCY CAMBRIDGE OVERLOOKING BOSTON MASSACHUSETTS

Submit Online at <http://nursing.rutgers.edu/node/3561>
ABSTRACTS DUE JANUARY 3 2011

For further information please contact us at:  cpdn@rutgers.edu



973-353-5895



College of Nursing

CENTER FOR PROFESSIONAL DEVELOPMENT

29th ANNUAL INTERNATIONAL NURSING TECHNOLOGY CONFERENCE

BOSTON – MASSACHUSETTS

FRIDAY JUNE 24 – SUNDAY 26 2011

ABSTRACT DUE JANUARY 3 2011

SUBMIT ONLINE: <http://nursing.rutgers.edu/node/3561>

Title: _____

Purpose: _____

Overview of Presentation : _____

Objectives (one or two): _____

Audience Intended: (Check all that apply) : Educators Administrators IT Personnel Staff Graduate Students
 Other Indicate: _____

Submitted for: Presentation Poster Workshop

Principal Presenter's Name and Credentials: _____

Home Address: _____

No Street Apt City State Zip

Email Address: _____

Telephone: Cell: () _____ Home: () _____

Work: () _____

Employer: _____

Employer Address: _____

No Street Apt City State Zip

Position / Title: _____

Education: Institution(s), Degree(s), Major and Date: _____

Professional Experience: Briefly describe your area of expertise, including publication(s). _____

Acknowledge Potential Conflict of Interest: Yes No Source of Conflict _____

For abstracts submitted with more than one author please indicate additional name(s), credentials, and home address, phone, email, cell phone and affiliation(s) for the other presenter(s). Note: Only names of persons who will present at the conference will be listed on the brochure. Please list only those who will be presenting.

Other Presenter's Name and Title: _____

Home Address: _____

No Street Apt City State Zip

Email Address: _____

Telephone: Cell: () _____ Home: () _____

Work: () _____

SUBMIT ONLINE: <http://nursing.rutgers.edu/node/3561>

SELECTION: Abstracts for presentation / poster / or workshops will be evaluated anonymously by peer review. Criteria for selection will include innovativeness and relevance to contemporary practice/education. The primary author will be notified of committee decisions by: March 1 2011

CONFERENCE: Presentation will be limited to one hour which include a discussion period. Workshop sessions are scheduled for 3 hours.

ATTENDANCE: Presenters are to assume all arrangements and costs related to the presentation and attendance at the conference. The registration fee will be discounted for all podium, workshop and poster presenters.

NOTE: Presenters are prohibited from marketing commercial products and/or services either through poster or formal presentation. Companies or others who wish to demonstrate or discuss their products/service with participants should request information on exhibit space and can apply online <http://nursing.rutgers.edu/cpd>

FOR INFORMATION: AND SUBMISSION: WEB SITE: <http://nursing.rutgers.edu/cpd> EMAIL: cpdn@rutgers.edu PHONE: (973) 353-5895 FAX: (973) 353-1700

DEADLINE DATE: JANUARY 3 2011