



# ONTARIO PERIANESTHESIA NURSES ASSOCIATION

*Fall Conference and 25<sup>th</sup> Anniversary*      **2010**



October 23, 24, 2010

## APPLICATION FORM FOR PRESENTATIONS

Name of Person submitting application: \_\_\_\_\_

Address including City and Postal Code:

\_\_\_\_\_

Credentials: \_\_\_\_\_

Telephone Numbers: Day: \_\_\_\_\_,

Evening: \_\_\_\_\_

Email Address of Contact Person (mandatory): \_\_\_\_\_

Type of Presentation:    Oral

Poster

**Topic Name:**

\_\_\_\_\_

**Names of Presenter(s) and Credentials:** \_\_\_\_\_

\_\_\_\_\_

Name of Employer/Place of work, Department:

Position at Place of employment of presenters:

**Please provide 150 words or less regarding your presentation: include:**

- Title of your talk or poster
- Description of your content: practice issue, information sharing etc.
- Relevance to PeriAnesthesia Nurses and in which areas of work
- Indication for presenting at this time (current or old information; if old, is there an update, revision)

**Oral Presentations:**

AV Aid Requirements:

1. Laptop, LCD Projector, Screen, Microphone
2. Other? \_\_\_\_\_
3. Will your presentation have embedded audio or video?

**Poster Presentations:**

Poster Size: (cannot accept posters larger than 4' by 6')

Special Requirements on site at the Conference?

e.g. TV, DVD player, etc. \_\_\_\_\_

Please print and mail/fax this form to:

OPANA,  
57 Winegarden Trail, Dundas, ON L9H 7M3.  
Fax: (905) 627-0643  
PH: 905-627-6830

Or if you receive this electronically, save it to your desktop and email to: [info@opana.org](mailto:info@opana.org).

Deadlines for submissions: Oral: April 15, 2010 Poster: August 15, 2010 Submissions will be reviewed and selected by a committee of your peers.

Successful applications will be contacted (by email) two weeks after deadlines (above) 🌸🌸🌸