

**2009 Convention Presentation Abstract Submission Work Sheet**

**PRESENTATION PROPOSAL WORKSHEET**

Oklahoma Nurses Association Convention

6414 N. Santa Fe, Suite A

Oklahoma City, OK 73116

ona@oklahomanurses.org

**October 28 & 29, 2009**

Please use the following form as a work sheet to prepare submissions of abstracts for keynote, concurrent, and poster session presentations at the 2009 ONA Convention. Once you submit the proposal via the online module, a copy will be emailed to the email address provided and to the ONA office for consideration.

Should you notice a mistake when you receive the verification email, please contact the ONA office by phone (405) 840-3476 or email (admin@oklahomanurses.org) by replying to the email. You may request that simple corrections be made, or you may request that the submission be deleted to begin the submission anew.

If you are logged into the website as a member, some of the fields will be automatically populated with your information.

NOTE: The primary author OR designated point of contact must be used for the preliminary information. If you are completing this form for a group, there is a field to list subsequent authors.

\*required fields

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**CONTACT INFORMATION**

My role is best described as \* \_\_\_\_\_

Please make a selection (Lead Author, Presenter, Point of Contact ONLY, Point of Contact and Co-Author)

Email \* \_\_\_\_\_

Telephone \* \_\_\_\_\_

Telephone (alternate) \* \_\_\_\_\_

First Name \* \_\_\_\_\_ Last Name \* \_\_\_\_\_

Credentials/Degree Designation \* \_\_\_\_\_

Street Address \* \_\_\_\_\_

Street Address 2 \_\_\_\_\_

City \* \_\_\_\_\_ State \* \_\_\_\_\_ Zip Code \* \_\_\_\_\_

Organization/Company Business Affiliation \* \_\_\_\_\_

Current Position/Title \* \_\_\_\_\_

**PROPOSAL TO PRESENT**

Often, Presentations have more than one author, and often two individuals present the material at Convention. Please use the following field to list the Primary Author and major contributing authors, including credentials. Type the Primary Name as you would like it to appear.

LIST ONLY ONE individual per text field. If there are more than a total of three individuals contributing to the effort that need to be accredited, please use the text area entitled "additional authors."

*Example: Jerry P. Smith, MPH, RN; Dr. John K. Doe, RN, MSN, CNE*

Primary Author \* \_\_\_\_\_

Co-Author (2) \_\_\_\_\_

Co-Author (3) \_\_\_\_\_

List of Additional Authors \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title of Presentation \* \_\_\_\_\_

Target Audience/Suggested Track \* \_\_\_\_\_

Please make a selection {Administrators/Managers; Burnout; Life Balance; Clinical (Practice or Process); Nurse Educator; Student}

Topic Area: \* \_\_\_\_\_

*Inspirational, technical, interactive, teamwork, human resources, geriatric, etc*

Presentation Type \* \_\_\_\_\_

*Please make a selection: Keynote Presentation; Concurrent Session; Any available*

**EDUCATIONAL OBJECTIVES\***

Use words like identify, discuss, review, design, etc. An outline is suggested:

*At the Conclusion of the session, the participant will be able to:*

- I. Identify the **three** steps to promote patient safety*
- II. Discuss the importance of **implementing** patient safety protocols*
- III. Review the provided materials with key decision makers in the workplace*

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