2020 Year of the Nurse

Statewide Education Summit



**“Educating for the Future of Nursing”**

**Conference Center at the Maritime Institute**

**Linthicum Heights, MD**

**Building #3 North Academic Wing**

**Saturday, April 18, 2020**

**8:30 am - 4:30 pm**

**Sponsored by:**



Co-sponsors **MNA Districts 1, 5 and 9**, seeking **nurse educators** to share innovative ideas and programs

The Maryland Nurses Association, the voice of nurses, advocates for excellence in nursing and the highest quality healthcare for all.

**CALL FOR ABSTRACTS: POSTERS AND PRESENTATIONS**

**The Maryland Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.**

All nursing faculty and nurse educators are invited to submit abstracts for either an oral or a poster presentation. Authors may submit abstracts of completed work or work in progress Abstracts will be reviewed and selected through a blind peer review process.

**Submission deadline is November 18, 2019.**

**Summit Purpose:**

This event will bring nursing faculty and other nurse educators and nursing leaders together to share innovative educational initiatives and new pedagogies.

**Topics of interest include:**

1. Strategies to promote clinical reasoning, clinical judgment and evidence-based practice
2. Incorporating QSEN, NLN, AACN competencies or IOM recommendations into the nursing curriculum
3. Incorporating technology or informatics into nursing education
4. Development of a professional, ethical nurse
5. Development of effective communication and conflict negotiation skills
6. Promoting self-care among nurses
7. Implementing innovative strategies to improve student learning or to transform nursing education
8. Implementing evidence-based practice initiatives to identify outcomes that improve clinical nursing education and/or practice
9. Using standardized assessments (e.g. policies, benchmarks, remediation) to improve program and/or learner outcomes
10. Promoting graduate education in Nursing: MSN, Direct Entry MSN, APRN, DNP, PhD
11. Strategies to improve student retention, graduation, articulation, certification and licensure performance, leadership, engagement, advocacy, research, service or collaboration with other healthcare professionals, to increase patient access to quality care as boomers retire.

**Presentation Options:**

The conference is organized to include both **oral presentations and poster sessions.**

1. **Oral presenters** will have a total of 20 minutes for the presentation, 15 minutes for presentation followed by a 5 minute question and answer period.

2. **Poster presentations** should be a stand-alone visual display of a topic of interest. The author is required to be present during the poster viewing sessions to respond to questions posed by Summit attendees.

Abstract submissions are due no later than **November 18, 2019 at 11:59 p.m. No Exceptions.**

**Acceptance Notification:**

Authors will be notified of the status of their submission via email by **Monday, January 6, 2020.**

**Summit Registration:**

Participants who are not presenting: $100.00

Presenting authors (oral/poster presentation): $80.00

Students (ID Required): $40.00

**All authors presenting by podium and/or poster must register for the summit no later than Monday January 13, 2020.**

**Important Application Guidelines**

**NOTE**: All applications, including abstract and conflict of interest forms, must be submitted **electronically to** [**mnadistrict2@gmail.com**](mailto:mnadistrict2@gmail.com)and are due by midnight **Monday November 18, 2019 by 11:59 pm. Send the completed application with Abstract to mnadistrict2@gmail.com**. All submissions received will undergo blind peer review and be considered for oral or poster presentation. Both presenters and authors who register to attend the Summit but who are not selected for a presentation will have the opportunity for a **300-word abstract** text of their research or scholarly project to be published on the MNA D 2 website.

**Important Instructions:**

1. The “Abstract Submission Form” must be **completed in its entirety** and signed.
2. The MNA Conflict of Interest form **must** be returned with the submission request. Each section of the form must be completed in its entirety. Electronic signatures are acceptable.
3. Attach two (2) copies of your abstract (300 words). The abstract title must accurately reflect the content of the presentation
   1. Include your name and affiliation on only **one** copy
   2. Remove all identifying information from one copy
   3. Both copies must be submitted together
4. ***All information for abstracts can be found on an online link available at:*** <http://www.mnadistrict2.org/>
5. Individuals may submit more than one abstract.
6. Develop 20 minute oral presentation, 15 minutes allotted to present work and 5 minutes for questions at the end of the presentation.
7. Sessions cannot be asales pitch or endorse specific products. All financial interests must be disclosed on the conflict of interest form and to participants. Your contact information may be shared directly with participants; however, you may not require participants to provide you with their personal contact information. All oral presenters must have a disclosures slide at the beginning of their presentation.
8. **The Maryland Nurses Association District 2 does not provide honorariums or fees to session presenters**.
9. Continental breakfast and lunch will be provided.
10. Note: Internet connectivity may not be available at the Maritime Institute.
11. Presenters and participants should plan to attend the Summit in its entirety to receive contact hours. Partial credit will not be available.
12. ***All applications, abstracts and conflict of interest forms must be submitted via e-mail to:* mnadistrict2@gmail.com**

**Summit Registration:**

Participants who are not presenting: $100.00

Presenting authors (oral/poster presentation): $80.00

Students (ID Required): $40.00

Page 1

Abstract Submission Form

###### Submission Category: Oral Poster Oral or Poster

###### Presenter:

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credentials: \_\_\_\_\_\_\_\_\_\_\_\_

Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Session Title:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Presenter(s) Introduction:

**Provide a brief biographical sketch (150 – 200 words) that can be used to introduce you.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGREEMENT:** I have read and understand the “important information and submission guidelines.” In submitting the attached abstract, I confirm that I am the original author and give District 2 of the Maryland Nurses Association permission to publish the submitted abstract in the “*2020* Educating for the Future of Nursing” *Educator Summit* booklet. I understand this booklet will be distributed to all Summit participants.

Signature of Presenter Date

Print Name

Page 2

**ABSTRACT**

**Oral Presentation/Poster Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provide a brief (1-3 sentence) description for each of the following**

**Identified educational/clinical gap addressed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of current state:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of desired/achievable state:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Learning Objective(s)/Outcome(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach **two (2) copies** of your abstract. Do not exceed 300 words. Descriptive information above, abstract title, and evidence-based references are not included in the abstract word count.

**Page 3**

**Maryland Nurses Association**

**AP- COI**

**Conflict of Interest Form**

Title of Educational Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Activity Date: April 18, 2020

Role in Educational Activity:  **Faculty/Presenter/Author**

**Section 1: Demographic Data**

Name with Credentials/Degrees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer and Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: Conflict of Interest (See reverse side for explanation)**

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

      Yes (**Complete table on page 3**)       No (Sign below)

**Section 3: Statement of Understanding**

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Typed or Electronic Signature: Name and Credentials (Required) Date**

**Summit Nurse Planner Signature (\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).**

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Typed or Electronic Signature: Name and Credentials (Required) Date**

**Page 4**

**Section 2: Conflict of Interest Explanation**

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

**\**Commercial interest***, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. (Please reference content integrity document for further clarity <http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf>)

All individuals who have the ability to control or influence the content of an educational activity must disclose all ***relevant relationships\*\**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

**\*\**Relevant relationships****,* as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

* Relationships with any commercial interest of the individual’s spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
* Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
* Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

\* \*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

      Yes       No

**If yes,** please complete the table below for all actual, potential or perceived conflicts of interest\*\*:

**Page 5**

|  |  |  |
| --- | --- | --- |
| Check all that apply | Category | Description |
|  | Salary |  |
|  | Royalty |  |
|  | Stock |  |
|  | Speakers Bureau |  |
|  | Consultant |  |
|  | Other |  |

------------------------------------------**DO NOT WRITE BELOW THIS LINE**---------------------------------------------------

**Section 4: Conflict Resolution (to be completed by Nurse Planner)**

1. Procedures used to resolve conflict of interest if applicable for this activity:

     Not applicable since no conflict of interest.

     Removed individual with conflict of interest from participating in all parts of the educational activity.

     Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.

     Not awarding contact hours for a portion or all of the educational activity.

     Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.

     Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.

     Undertaking review of the educational activity by a content reviewer to evaluate for

balance in presentation, evidence-based content or other indicators of integrity, and absence of

bias, **AND** monitoring the educational activity to evaluate for commercial bias in the presentation.

     Undertaking review of the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, **AND** reviewing participant feedback to evaluate for commercial bias in the activity.

     Other - Describe:





2020 Nursing Education Summit

**“Bridging the Practice-Education Gap”**

**Conference Center at the Maritime Institute**

**Linthicum Heights, MD**

**Building #3 North Academic Wing**

**Saturday, April 18, 2020**

*The Maryland Nurses Association, the voice for nursing, advocates for policies supporting the highest quality healthcare, safe environments, and excellence in nursing.*

**General Registration Form**

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

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell  Home  Work

RN License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summit Registration**

Participants who are not presenting: $100.00

Presenting authors (oral/poster presentation): $80.00

Students (ID Required): $40.00

***Electronic payment*** ***can be made at:*** <http://www.mnadistrict2.org/> ;Under the “**MNA 2020 Summit”** button.

**Mail registration form and payment to:**

District 2 MNA

2020 Nursing Education Summit

6400 Baltimore National Pike # 523

Baltimore, Md.  21228

**Participants must attend the Summit in its entirety to receive contact hours. Partial credit is not available.**