

**RCN International Nursing Research Conference**

**10 - 12 September 2024**

**Northumbria University, UK**

**PROPOSAL FOR FRINGE EVENT**

**Please note: Fringe presenters and participants are required to register for the conference.**

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| **Fringe Leader Name:** |  | | |
| **Proposer**  **Name: if different to the Fringe Leader** |  | | |
| **Address** |  | | |
|  | | |
| **Email address:** |  | | |
| **Mobile no:** |  | | |
| **Type of event:** | **Networking and Celebration** | | **Yes/No** |
| **Fringe** | | **Yes/No** |
| **Have you received external funding to support this event?** | **Yes/No** | **If yes, please provide details.** | |
| **Title of event:** |  | | |
| **Presenter(s) details**  Note: a maximum of 5 presenters can apply for the presenter rate registration fee. | **Presenter 1:** *Title, full name, job title, organisation and email* | | |
| **Presenter 2:** | | |
| **Presenter 3:** | | |
| **Presenter 4:** | | |
| **Presenter 5:** | | |
| **Preferred fringe date:** | Note: we will do out best to accommodate the preferred fringe date but cannot guarantee to do so. | | |
| **Anticipated size of audience:** |  | | |
| **AV and preferred room requirements:** |  | | |
| **Description of the proposed fringe / networking event:**  **(200 words max)**  Please make explicit the purpose of the event, the target audience and the expected learning outcomes. | | | |

Please note: if the form is only partially completed it will jeopardise selection. Should you have any questions about presenting a fringe event please email research@rcn.org.uk

**Please return the completed form to:** [**research@rcn.org.uk**](mailto:research@rcn.org.uk)