

**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**