

PROPOSAL FOR FRINGE EVENT

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

Proposer details Name:		
Address		
Email address:		
Mobile phone 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 about the details.
Title of event:		
Names of Presenter(s) /Leader(s):	Presenter 1:	
	Presenter 2:	
Preferred date of event:		
Anticipated size of audience:		
Audio visual 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 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