

## Call for Abstracts

### 32<sup>nd</sup> Annual Meeting and Scientific Conference

*“The Sallie Tucker Allen Institute and Conference: Honoring a Living Legend through Excellence in  
Scholarship, Teaching and Achievement in Healthcare”*

Date: June 05– June 08, 2019

Conrad Chicago  
(312) 667 – 6713  
conradchicagohotel.com

## Cover Sheet for PAPER/POSTER Presentation

(Submission deadline: Must be emailed by March 1, 2019)

PLEASE TYPE all Information (No handwritten forms accepted):

Title of Paper or Poster \_\_\_\_\_

Presentation type requesting \_\_\_\_\_ Podium \_\_\_\_\_ Poster

Name of Presenter: \_\_\_\_\_  
First Middle Initial Last Degree

Home Address: \_\_\_\_\_  
Street City State Zip Code

Professor Rank/Position: \_\_\_\_\_

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

Telephone (Work): \_\_\_\_\_ Telephone (Home): \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

If student, indicate level:  Doctoral  Masters  Undergraduate

Other Authors: (see next page)

If selected, I agree to present a paper or poster at the 2019 ABNF Conference. I give permission for inclusion of my abstract in the conference proceedings and publications.

I agree to register and submit payment with call for abstract forms for the annual conference and assume responsibility for my own transportation and lodging.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Authors:**

**Name:** \_\_\_\_\_  
First Middle Initial Last Degree

Position: \_\_\_\_\_

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

Home Address: \_\_\_\_\_  
Street City State Zip Code

Telephone (Work): \_\_\_\_\_ Telephone (Home): \_\_\_\_\_

E-mail: \_\_\_\_\_

**Name:** \_\_\_\_\_  
First Middle Initial Last Degree

Position: \_\_\_\_\_

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

Home Address: \_\_\_\_\_  
Street City State Zip Code

Telephone (Work): \_\_\_\_\_ Telephone (Home): \_\_\_\_\_

E-mail: \_\_\_\_\_

**Name:** \_\_\_\_\_  
First Middle Initial Last Degree

Position: \_\_\_\_\_

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

Home Address: \_\_\_\_\_  
Street City State Zip Code

Telephone (Work): \_\_\_\_\_ Telephone (Home): \_\_\_\_\_

E-mail: \_\_\_\_\_

**Deadline: Must be emailed by March 1, 2019**

**Checklist:** Submit the following checklist items via email to Dr. P. Renée Williams at [PRenee1@gmail.com](mailto:PRenee1@gmail.com) or [rwilliams@umc.edu](mailto:rwilliams@umc.edu)

- \_\_\_\_\_ Abstract Cover Sheet
- \_\_\_\_\_ One-page abstract with complete title, author and institution in the top section.
- \_\_\_\_\_ Signed Conflict of Interest Form
- \_\_\_\_\_ Conference Registration form

*All submissions must conform to length, typing, and space specifications.*

**Submit completed registration forms online at: [www.abnf.net](http://www.abnf.net) or by mail.**

**Make check payable to ABNF, Inc., Note: ABNF Conference Registration**

**\* Mail payment to:** ABNF Treasurer, 4952 Clarendon Terrace, Frederick, MD 21703

Inquires: [ABNF.treasurer@gmail.com](mailto:ABNF.treasurer@gmail.com)

*\*Abstracts not accepted will have conference registration fees refunded*

Use this form as a guide to format.

Your information should be typed on plain paper without lines on it. All text must be within spaces indicated by the boxes using Times New Roman 12-point font.

### **Guidelines for Paper/Poster Abstracts**

## **TYPE ABSTRACT TITLE IN UPPER CASE**

Author's Name, Degrees

Author's Institution Author's Institutional Address

Three Key Words

### *Abstract*

Introduction (Purpose/Aims)

Methods

Findings/Results (if applicable)

Discussion/Conclusion

Other pertinent information

# MISSISSIPPI NURSES FOUNDATION

## ATTACHMENT 4 - Conflict of Interest Form

Title of Educational Activity: 32<sup>nd</sup> Annual ABNF Scientific Conference Activity Date: \_\_\_\_\_

Role in Educational Activity: \_Speaker\_\_\_\_\_ Name: \_\_\_\_\_

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

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

### Conflict of Interest

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. 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.

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

\_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

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

### 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**

## **ABNF Biographical Data/Introduction Form**

**Name:**

*Name and Degrees*

**Present Title/Position:**

**Education (include basic preparation through highest degree held):**

Education			
Degree	Institution (name, city, state)	Area of study	Year degree awarded

**Briefly describe your professional experience or areas of expertise in 3 – 5 sentences that you would like shared with the audience during your introduction.**

**Thank you!**