

APPLICATION FORM FOR CONFERENCE SESSION PARTICIPATION

Please complete this form and submit with a one-page proposal describing each contribution you would like to propose. E-mail both documents to AHRQConference@blseamon.com or fax to Nicole Haliburton at (301) 577-5261 by April 22, 2005.

1. Project Title:
2. Your Contact Information:
Name:
E-mail Address:
Phone Number:
3. Please indicate the dates you will participate in AHRQ's Annual Patient Safety and Health IT Meeting (*Check relevant days*):

Monday, June 6	<input type="checkbox"/>
Tuesday, June 7	<input type="checkbox"/>
Wednesday, June 8	<input type="checkbox"/>
Thursday, June 9	<input type="checkbox"/>
Friday, June 10	<input type="checkbox"/>

4. Contribution Type (*Please check one and indicate related needs*):

Presentation	<input type="checkbox"/>
Discussion Facilitation	<input type="checkbox"/>
Panel Participation	<input type="checkbox"/>
Other	<input type="checkbox"/>

List "other" contribution if appropriate: _____

5. List appropriate HIT track: _____
6. Please describe any assistance you would like from AHRQ or the National Resource Center:

If you have any questions, please e-mail AHRQConference@blseamon.com.

NOTE: Please attach and forward your proposal together with this application