

INNOVATION CAFÉ APPLICATION FORM

To participate in the Innovation Café, please complete a separate application form as well as a one page abstract describing *each* proposed display and e-mail to AHROConference@blseamon.com or fax to Karmen Pinkney at 301-577-5261 by Friday, April 22, 2005.

1. Project Title: _____

2. Name of your Project's PI: _____

3. You Contact Information:

Name (if different from PI): _____

Address: _____

Email Address: _____

Phone Number: _____ Fax: _____

4. Please indicate the dates you will participate in the Innovation Café:

Monday, June 6

Tuesday, June 7

Wednesday, June 8 (required for lunch time session)

Thursday, June 9

Friday, June 10

5. Innovation Type: (Please check only one and indicate any related needs)

Poster

Tabletop exhibit

**Computer Demonstration*
or Small Hand-Held Device**

Will you need a Power Strip? Yes No

Will you need an extension cord? Yes No

*Will you also require a table? Yes No

Will you need a High-Speed Internet Connection? Yes No

Printed Literature/Materials:

Other Innovations:

If other, please elaborate: _____

Please note that poster boards and/or tabletop exhibits will be provided on a complimentary basis for accepted product displays. However, computer equipment, Internet connections, and other services will need to be purchased through the conference coordinators and decorating company. Full cost data will be provided upon acceptance of the product display.

If you have any questions, please email AHROConference@blseamon.com or contact your point of contact from the National Resource Center for Health Information Technology.