

## *Biographical Data Form*

Name	
Address	
City, State, Zip	
Phone / Fax	
Email	
Degree/ Credentials	
If RN Nursing Program	<input type="checkbox"/> AD <input type="checkbox"/> Diploma <input type="checkbox"/> BSN <input type="checkbox"/> Masters <input type="checkbox"/> PhD
Graduated From:	Year _____
Check your area(s) of involvement with this activity	<input type="checkbox"/> Contact Person <span style="margin-left: 150px;"><input type="checkbox"/> Nurse Planner</span> <input type="checkbox"/> Peer Reviewer <input type="checkbox"/> Presenter <span style="margin-left: 100px;"><input type="checkbox"/> Planning Committee</span> <input type="checkbox"/> Other:
Planners	Describe your expertise in continuing education; familiarity with the target audience:
Faculty / Presenters	Describe your expertise in this topic:
<b>Conflict of Interest:</b> All individuals involved with this education activity.	Having an interest in an organization does not prevent a presenter from speaking, but the audience must be informed of this relationship prior to the start of the activity and any potential conflict must be resolved. <b>I recognize that I must follow all guidelines and criteria regarding conflict of interest. Any real or perceived conflict of interest for a conference participant must be disclosed. For this purpose a real or apparent conflict of interest is defined as having significant financial interest in a product to be discussed directly or indirectly during the presentation; employment by, or a relationship with, a company that could potentially benefit from the relationship; and / or having had substantial research support by an industry to study the product to be discussed at the presentation.</b> <input type="checkbox"/> I do not have a conflict of interest related to this presentation. <input type="checkbox"/> I have the following conflict of interest related to this presentation: _____
Off-label or investigative drug usage will be discussed <input type="checkbox"/> Yes <input type="checkbox"/> No All individuals involved with this education activity, must check one.	If yes, you must disclose this information during your presentation: How will you do this? ___ Verbal statement during presentation ___ Information on handouts ___ Information on slides/PowerPoint, etc. ___ Other: Describe: _____
Equipment Needs:	<input type="checkbox"/> Table microphone <input type="checkbox"/> Lapel microphone <input type="checkbox"/> Podium <input type="checkbox"/> Screen <input type="checkbox"/> Slide projector <input type="checkbox"/> Overhead projector <input type="checkbox"/> Multimedia projector <input type="checkbox"/> Other:

12-07 Please write your introduction for this presentation on the next page.