

Request for Professional Practice Presentation

Name

Designation

Position

Employer

Facility

Contact Email

Contact Phone Number

Preferred dates for the presentation

Location of presentation

Presentation you are requesting

Reason for request

- I need a basic review of information for my staff in the next month
- There are identified issues that require individualized consultation
- Other, please specify below

If you are not a manager, is your manager aware of this request?

Expected number of attendees (RNs, RPNs, LPNs, others)

Available Equipment

- Computer with internet access
- Computer without internet access
- Projector
- Screen

Additional Information

PLEASE RETURN FORM TO LINKS@SRNA.ORG