

## CALL FOR ABSTRACTS

## International Shared Governance Virtual Summit March 20, 2025

We are currently developing the program for our 2025 International Shared Governance Virtual Summit and are actively looking for knowledgeable and enthusiastic speakers in all aspects of shared governance including best practices, lessons learned from implementing/revising councils, improved outcomes, innovations through shared governance, and nursing research/evidence-based practices utilized through shared governance.

All sessions will be 50 minutes of presentation and 10 minutes for questions and answers. Additionally, all presenters must be able to participate in a closing speakers panel for questions and answers at the end of the Summit.

If you wish to be considered for a presentation, please complete the attached Abstract Form and submit with the requested supporting documentation no later than November 15, 2024. Decisions will be made, and speakers notified by email, by November 22, 2024. Multiple submissions are encouraged. Individuals selected for presentations will be provided with a complimentary registration for the conference (up to 3 complimentary registrations per presentation).

If you are unable or uninterested in submitting, but know someone who is, please pass this along!

Please email Amber Orton at aorton@chcm.com if you have any questions.

Send abstracts to <a href="mailto:chcm.com">chcm@chcm.com</a> Subject Line: Abstract Submission





## ABSTRACT FORM International Shared Governance Virtual Summit March 20, 2025

Each abstract submission must be submitted as an individual submission with all aspects of this documentation completed for each submission.

Name/Credentials: Organization: Position: Email:	
Preferred Mailing Address Business or Home  Address: City, State, Zip:	
Telephone: Work: Cell:	
Are you available to attend and present throughout the entire conference? Yes	No No
If your abstract is not selected for an oral presentation, are you interested in a pos presentation?  Yes	ter No
I certify that material to be presented is my original work or has received copyrigh permission to use.  Yes	t No
If accepted to present, I agree to have my contact information (name, organization address) shared with summit attendees.  Yes	, email No
Practice/Work Experience or Expertise Related to the Topics Submitted:	
References from Previous Speaking Engagements: (name and contact information a. b. c.	1)
Please list your experience conducting virtual presentations:	
Educational Background: (Degree, Institution, Major Area of Study, Year of Completion)	
Additional Information (including additional presenters):	_





All conference presenters are responsible for obtaining permission(s) for any copyright protected content they choose to use.

I.	Title of Pres	sentation:				
II.	Presentation Description (3-5 sentence summary of the presentation):					
III.	Learning Objectives (list 2-3) At the conclusion of this session, each participant will be able to					
IV.	Content Ou	tline				
V.	Bibliograph	y/Reference List				
	nce level uited for:	Advanced Keynote	Intermediate Breakout	Novice Either	Any	
NO		_	Abstracts Packet and s 2024. Proposals will r			
	Send abstra	acts to <u>CHCM@CH</u>	CM.com Subject L	ine: Abstract Sul	omission	

