CE SPONSORSHIP REQUEST FORM

PROGRAM TITLE:

DATE(S):

LOCATION(S):

PROGRAM COORDINATOR:

NUMBER OF CONTACT HOURS:

BRIEF OUTLINE:

OBJECTIVES:
At the end of the conference, participants will be able to:
1. 
2. 
3. 

METHOD OF EVALUATION:
Survey tool attached

INSTRUCTORS:

The School of Nursing is being asked to sponsor the program by: _______________________

A. Contribution of funds (specify amount): _______________________

B. In kind contribution of (specify amount): _______________________

C. Name only: _________

Notes
Reviewed by Academic Affairs 1/08/03