

CALL FOR ABSTRACTS

National Association of Hispanic Nurses 34th Annual Conference

Hispanic Nurses: Creating Pathways to Reduce Health Disparities

July 21st-24th, 2009

Crowne Plaza Riverwalk Hotel, San Antonio, TX

PRESENTATION FORMAT

Nurses, educators, students, researchers, and policy makers are invited to submit abstracts to be considered for presentations at the NAHN 2009 annual conference, *Hispanic Nurses: Creating Pathways to Reduce Health Disparities*. Abstracts will be accepted for oral and poster presentations. Abstracts will be considered for the following categories:

1) issues in Hispanic health disparities; 2) Hispanic healthcare research; 3) policy development; 4) issues related to rural Hispanic healthcare; 5) behavioral and social environmental issues in Hispanic healthcare. Abstracts can be submitted for more than one presentation category.

- The paper presentation will be 20 minutes long with an additional 10-minute question and answer period for a total of 30 minutes. The abstracts selected for this format will be part of the concurrent session.
- The poster presentation requires that the author be available by their poster to present during the designated poster session. The poster should be at least 4 feet by 3 feet.

Abstracts with a clinical focus strongly encouraged.

GUIDELINES FOR ABSTRACT SUBMISSION

- A maximum of two abstract submissions per person will be permitted.
- Abstracts will be limited to 300 words in length and must be on the form provided.
- Send two (2) copies of the abstract. Only list the authors' names on one copy of the abstract
- Each abstract must include a minimum of three learning objectives.
- The one page BIO on the form provided for the presenter and alternate presenter(s) is required at time of submission.
- Financial disclosure is required at time of submission and form is provided.
- Presenter information form signed electronically for each presenter.
- Notification of acceptance will be done by e-mail and sent only to the submitting author.

To ensure receipt of your abstract, select "Request a delivery receipt for this message" prior to e-mailing. Send the completed packet electronically. Contents of packet should include: two copies of the abstract with at least three learning objectives, one-page BIO (use form provided) for all authors, financial disclosure (use form provided) and the presenter(s) information form signed electronically by all presenters. The completed packet must be received electronically by 5:00 p.m. EST on or before **January 15, 2009**. Please e-mail to: cantua2@uthscsa.edu. Those submitting abstracts will be notified by e-mail of their status by April 4, 2009.

Authors whose abstracts are accepted for presentation **MUST REGISTER FOR THE CONFERENCE**. Presenters are responsible for all their expenses, including conference registration, travel, and hotel costs. Presenters are also responsible for making their own arrangements. Only those abstracts complying with submission guidelines will be reviewed (see above). *For questions, please call Dr. Adelita Cantu at 210-567-5834.*

ALL SUBMISSIONS MUST BE RECEIVED BY January 15, 2009

Duplicate form as necessary

First line: Title of Presentation (capitalize all letters of the title).

Second line: Author(s) and affiliation(s).

Presenting author(s) listed first.

Skip one line, list at least three learning objectives then begin body of the abstract.

Please check the box(es) for the presentation format for which this abstract is being Submitted. Paper Poster No Preference

Abstract must be limited to 300 words and fit in the box provided below.

Submit one (1) copy with all information. Submit one (1) copy without author(s) or affiliation(s) listed for blind review.

**National Association of Hispanic Nurses
34th ANNUAL CONFERENCE**

Hispanic Nurses: Creating Pathways to Reduce Health Disparities

July 21st-24th, 2009

Crowne Plaza Riverwalk Hotel, San Antonio, TX

(Type or print clearly)

Submitting Author: _____

Credentials: _____

Position/Title: _____

Preferred Mailing Address:

Address to be printed on the program:
Check here if same as preferred mailing address.

City: _____ State: _____ Zip: _____ Country _____

City: _____ State: _____ Zip: _____ Country _____

Home Phone: _____ Home Fax: _____

Work Phone: _____ Work Fax: _____

Home E-mail: _____

Work E-mail: _____

Signature: _____ Date: _____

(If unable to electronically sign, type your full name and provide a statement that your typed name constitutes your signature)

Audiovisual equipment provided will ONLY support PowerPoint. In the event you need equipment for a program other than PowerPoint, you will need to make your own arrangements with the hotel and will be responsible for any related costs. Bring the presentation on a diskette or on USB drive.

Please indicate permission to duplicate the abstract submitted by signing and dating the following statement:

If selected, I agree to make the presentation and to adhere to the time allotted for presentation. **I UNDERSTAND THAT ALL PRESENTERS MUST REGISTER FOR THE CONFERENCE.** I give permission to duplicate for inclusion in conference proceedings. I give permission ; I do not give permission to have my presentation on the NAHN website for up to three years following the conference.

Signature: _____ Date: _____

(If unable to electronically sign, type your full name and provide a statement that your typed name constitutes your signature)

**The complete packet including the one-page BIO must be received by e-mail on or before 5:00 p.m. EST on
January 15, 2009**

Please e-mail to: cantua2@uthscsa.edu
for questions, please call (210) 567-5834

_____ Presenter _____ Poster Session _____ Nurse Planner _____ Planning Committee