

# 2019 Speaker Conference Registration Form

47th Annual Institute and Conference

Tuesday, July 23 – Sunday, July 28, 2019

Hilton New Orleans Riverside, Two Poydras Street, New Orleans, LA

Please type or print: (printing must be legible) **ALL SPEAKERS MUST COMPLETE THIS FORM.**

**Completion of this form confirms your participation as a speaker. THIS FORM MUST BE SUBMITTED BY March 1, 2019. All presenters are responsible for their own hotel reservations and expenses. Click here to make your reservation NBNA 2019 Hilton New Orleans Booking Website: <https://book.passkey.com/e/49776514>**

**DO NOT USE THE GENERAL NBNA REGISTRATION FORM TO REGISTER!! If you have not been notified of your acceptance before the Early Bird Registration cut-off, please contact [dmance@nbna.org](mailto:dmance@nbna.org) for instructions.**

Name: \_\_\_\_\_

Credentials(s): \_\_\_\_\_  
(i.e., PhD, RN, FAAN, etc.)

NBNA Member:  Yes  No Name of Chapter: \_\_\_\_\_ Direct Member:

Title/Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Enclosed is my ONE DAY REGISTRATION FEE OF \$150.00

I plan to attend the entire Conference  (ENCLOSED IS MY SPEAKER REGISTRATION FEE OF \$ 350.00 WHICH INCLUDES 1 BANQUET TICKET AND 1 BRUNCH TICKET)

Guests are non-nurses and may be registered at the \$275.00

Children's Registration (ages 3-12) \$150.00

Guests and Children's Registration includes 1 banquet ticket, 1 brunch ticket, conference bag and name badge.

Children's Registration \_\_\_\_\_ Childs Age Full Name: \_\_\_\_\_

Non- Nurse Guest Full Name : \_\_\_\_\_

I require additional meal tickets  yes  no

Indicate how many in each box \_\_\_ **President's Banquet \$125.00** \_\_\_ **Sunday Brunch \$75** \_\_\_ **IOE Luncheon \$75**

### **NBNA Registration Fees Only:**

**Method of Payment: If paying by check make check out to NBNA: Amount Enclosed \$ \_\_\_\_\_**

MC or VISA CC#

Exp:

Security Code

Name on Credit Card \_\_\_\_\_

Total amount charged to card \$ \_\_\_\_\_

Name: \_\_\_\_\_

Credential(s) \_\_\_\_\_

(i.e., PhD, RN, FAAN, etc.)

Title of Presentation: \_\_\_\_\_

**Audio Visual Equipment:**

NBNA will provide the following equipment for each session:

- Laptop computer •LCD projector •laser pointer •screen •podium microphone.

All presentations will be pre-loaded onto the laptop that will be used in your session. Please forward your power point presentation by email to: [dmance@nbna.org](mailto:dmance@nbna.org) by June 15, 2018. Receipt of your presentation will be acknowledged within 10 days. (It is suggested that you bring your presentation the conference on a USB Flash drive as well.) The location of the speaker ready room will be listed in the conference program book.

Once your abstract is accepted, a letter will be sent to you with the date, time and the name of the session you will present in. Please use the information in the letter to complete a cover sheet for your power point presentation with the following information:

- Name:
- Title of presentation:
- Session Title (i.e.: Women's Health, Plenary etc.)
- Date of Presentation:
- Phone number:
- Email address:

Request for additional AV equipment must be requested with the submission of your Abstract. Approval of this request will be sent to you in your abstract acceptance notification letter.

**Special AV Request**

**Workshop Handouts:**

One hundred (100) copies of your handouts are required for the workshop session. Please bring your handouts with you to the workshop. Or, you may wish to provide Session attendees with your email address to request a copy of handouts.

**Requirements Checklist - enclosed are the following:**

- \*Abstract Submission and Abstract Forms
- \*Speaker Registration Form (All speakers must complete this form)
- \*Presenter Objectives and Content Outline Form
- \*Curriculum Vitae (Must Be Submitted With Abstract)
- \*Biographical sketch (200 words) (Must Be Submitted With Abstract)
- Consent Form (to audiotape/videotape)
- Disclosure Form

**\*Abstracts WILL NOT be accepted without all completed forms and materials \***

PLEASE SUBMIT MATERIALS TO:

**E-Mail [dmance@nbna.org](mailto:dmance@nbna.org)**

Dianne Mance, Conference Services Manager, National Black Nurses Association  
8630 Fenton Street, Suite 910, Silver Spring, MD 20910

**Speaker Consent Form**

*(Please return a signed copy with your abstract Submission)*

Producer:
Location:

I hereby agree to your recording, videotaping and publicly exhibiting my appearance and/or participation at your Annual Institute and Conference Workshop and/or Session Program entitled: \_\_\_\_\_ (the Program), and in consideration of the mutual benefits flowing from such exhibition, I agree as follows:

1. You are the sole owner of all rights in and to the Program and its content and recordings for all purposes and uses of any type including, without limitation, the following rights which you may, in your sole discretion, exercise throughout the world and forever: (a) to publicly exhibit, distribute and/or license others to publicly exhibit or distribute the Program, and any part(s) or edited version of the Program, one or more times by any means of transmission now or hereafter known (including, but not limited to broadcast by television stations, origination or dissemination on cable TV systems, distribution in the form of videocassettes, or direct projection before audiences), in therefore or whether the exhibition is on a commercial and/or non-commercial basis: (b) to publish, disseminate and edit the text of the Program in any form, and (c) to assign all or part of any such right to others.
2. You shall have the right to use and license others to use my name, likeness and biographical material as I may furnish in connection with advertising and/or publicizing the National Black Nurses Association, your agents, your licenses, the Program ("Advertisers") and their products or services, but not, however, as an endorsement.
3. By signing this agreement I am releasing you, your agents, Officers and Advertisers from and against claims of any nature arising from reason of my appearance and/or participation in the Program, statements made by others in, or in connection with, the Program, or your exercise of the rights which I have granted you in this agreement.
4. I agree to indemnify and hold harmless, you, your agents, Officers and Advertisers and you and their officers, directors, agents and employees from and against any and all claims, damages, liabilities, costs and expenses (including consul fees) arising from the recording, videotaping or other publication of any words spoken by me, my appearance, or any material furnished by me in connection with the Program.

Your permitting me to appear in the Program shall constitute your approval of this agreement.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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## ***Disclosure Statement***

Disclosure of any significant financial interest or other affiliation a presenter has with a *commercial* supporter of the educational presentation, and/or the *manufacturer* of any commercial products discussed in the educational presentation is requested. The existence of such relationships does not necessarily constitute a conflict of interest, but the audience must be informed of such affiliation of the presenter by way of acknowledgement in the printed program. Disclosure should be provided for the relationships or circumstances that might reasonably be expected to influence the presenter's view on the topic.

Each participant (including directors, chairpersons, moderators, discussants) must return a completed disclosure statement with the submission form or the submission will not be considered. It is the responsibility of the submitting individual to circulate and collect disclosure statements from all co-presenters to be included with the submission. Non-participating co-authors Poster Submissions are not required to submit a disclosure statement. Photocopy this form as needed.

Name: (printed/typed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Commercial Affiliation and Relationship: \_\_\_\_\_