

**PROSPECTIVE SPEAKER SUBMISSION FORM**

**2026 Annual Conference Feb 19 - February 20**

The Coalition of Advanced Practice Registered Nurses of Indiana (CAPNI) 2026 Annual APRN Conference will be held at the **French Lick Springs Resort and Casino.** The conference will be Thursday and Friday, February 19th-February 20th with workshops on Wednesday, February 18th. Completed forms must be submitted by **September 1, 2025**. The planning committee will then review all submitted forms and contact the selected presenters by email. Note that submission of this form is not a confirmation to present at the conference. Submit the completed form to: [admin@capni.org](mailto:admin@capni.org)

*PRINT OR SAVE THIS FORM PRIOR TO SUBMISSION*

***Please note ALL areas below must be filled in or submission will not be accepted.***

**Name(s) and credentials: Presentation Preference:**

(right click circle to check)

* **Podium presentation**
* **Poster presentation**

**Employer/Company/Area or Practice:**

**Email:**

**Phone:**

**Presentation Topic:**

**Presentation Title:**

|  |  |  |
| --- | --- | --- |
| **Category of topic:**  (right click circle to check)   * **Pharmacology** * **Primary Care** * **Acute Care** * **Specialty Care** * **Health Policy/Leadership** * **Psych/Mental Health** | **Population Focus:**  (right click circle to check)   * **Family** * **Adult** * **Pediatrics** * **Women’s Health** * **Men’s Health** * **Gerontology** | **Level of Content:**  (right click circle to check)   * **Introductory** * **Intermediate** * **Advanced** |

**Speaking History:**

**Do you have an industry affiliation to disclose, or have you spoken on this topic for financial compensation? If yes, please explain.**

**Requested Fee/Honorarium:**

**Referred By:**

**Presentation Synopsis:**