

**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

*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**
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**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:**