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**Office of Professional Education**

## FACULTY SERVICE FORM

**Completed Form Due: Friday, May 1, 2015**

*The Office of Professional Education will submit funds to your academic department chair for consideration towards faculty professional development.*

###

**Please complete the following information.**

**Name**

#### Session Title

#### Session Date / Time

####

I agree to present at the **Summer Institute in Nursing Informatics conference held July 22-24, 2015.**

Accepted by

 (this will act as your signature)

Date of Signature

$      will be submitted to the following:

Project ID: $

PcBU: $

Owner Dept: $

Program: $

Fund: $

Total: $

**Return completed form to:** **sinispeakers@gomeeting.com** **no later than Friday, May 1st**