Illinois State Council Emergency Nurses Association

Cvent Request Form

Planner's Information							
	Planner's Name (Primary)						
	Phone						
	Email						
	Planning Sub/Committee						
General Event Information							
	Event Name						
	Event Description						
Event Location	Name						
	Address, City, State, Zip code						
	Phone		Fax				
Target Audience							
Dates	Start 1		End 1		Start 2		End 2
Times	Start 1		End 1		Start 2		End 2
Event size	Small:		Half-day course or ENPC, TNCC, CATN				*Requires 8 weeks preparation*
	Medium:		One day, SINGLE TRACK ONLY				*Requires 10 weeks preparation*
	Large:		Greater than one day or multiple tracks				*Requires 12 weeks preparation*

Complete and return to Bonnie Mobley at Bombay@childrensmemorial.org or Nicholas Nelson at nicholas.nelson81@gmail.com.