

CONFERENCES DESIGNED
TO PROMOTE EXCELLENCE
IN NURSING PRACTICE

Continuing Nursing Education
100 Saint Anselm Drive
Manchester, NH 03102-1310

603 641-7086
www.anselm.edu/cne



1 8 8 9

SAINT ANSELM
COLLEGE

CONTINUING NURSING EDUCATION



Saint Anselm College is an approved provider of continuing nursing education by the Northeast Multi-State Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Register by:

Mail: Saint Anselm College
Continuing Nursing Education
100 Saint Anselm Drive #1745
Manchester, NH 03102-1310

Fax: 603-641-7089
VISA or MasterCard Required

Phone: 603-641-7086
VISA or MasterCard required

ONLINE: www.anselm.edu/cne
VISA or MasterCard required

[Register online](#)

Innovation & Quality Improvement Conference

Jointly-provided with:

New Hampshire Nurses Association

Thursday, May 2, 2019

8:30 am – 3:00 pm

Gadbois Hall, Saint Anselm College

Contact Hours: 5

Fee: \$119 (includes lunch);

\$99 for NHNA members: contact

<https://nhnurses.nursingnetwork.com/contact/> for discount code

Keynote: Emerging Innovations Impacting Nursing

Bonnie Clipper, DNP, RN, MA, MBA, CENP, FACHE

Director of Innovation and Practice at ANA

Inspiring Innovation and Moving an Idea through Practice

Kate Collopy, PhD, RN

Director, Nursing Education, Research and Innovation, Wentworth-Douglass Hospital

Design through Social Innovation Strategies

Faina Bukher, MA

UNH Center for Social Innovation & Enterprise

Innovation & Quality Improvement Conference

Thursday, May 2, 2019

NAME (please print clearly, or type) _____

CREDENTIALS _____ PHONE (_____) _____

HOME ADDRESS _____

CITY & STATE _____ ZIP (essential) _____

☐ CHECK TO RECEIVE E-MAIL CONFIRMATION

☐ CHECK TO RECEIVE SAC-CNE NEWSLETTERS VIA E-MAIL. Your e-mail address will not be sold or given to any third party.

E-MAIL _____

EMPLOYING AGENCY _____

ADDRESS _____ PHONE (_____) _____

CITY & STATE _____ ZIP (essential) _____

METHOD OF PAYMENT

☐ CHECK ENCLOSED, made payable to **Saint Anselm College**, in the amount of \$ _____ ☐ PURCHASE ORDER # _____

☐ I AUTHORIZE THE USE OF MY CREDIT CARD: ☐ VISA ☐ MASTERCARD ACCOUNT # _____

AMOUNT AUTHORIZED: \$ _____ EXP. DATE: _____ SIGNATURE _____

OFFICE USE ONLY DATE REC'D _____ AMOUNT REC'D _____ FORM OF PYMT: PCH ACH VI MC