**YORKSHIRE & HUMBER NEONATAL ODN ANNUAL CONFERENCE 2020**

**Tuesday 05 May 2020**

WETHERBY RACECOURSE

YORK ROAD

WETHERBY

LS22 5EJ

**Quality Improvement and Audit Presentation Application Form**

 Please return to: scn-tr.odn\_education@nhs.net by Friday 13 March 2020

 **Please do not put the name of your trust or the authors in the abstract**

|  |  |
| --- | --- |
| **AUDIT/QI PROJECT TITLE** |  |
|  |
| **AUTHOR(S)** |  |
|  |
| **EMAIL ADDRESS** |  |
|  |
| **HOSPITAL** |  |
|  |
| **ARE YOU AVAILABLE TO PRESENT ON 05 May 2020?** | YES  |  | NO |  |  |
|  |  |  |
| Audit/QI Project abstract (maximum of 250 words) |
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