**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](mailto: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**

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