the 23rd annual THCA conference for department heads

# 2012 great ideas poster session submission form

## facility information

Facility name: _____

Phone: _____

Contact person: _____

Department: _____

## program description

Please briefly describe the innovative program used to enhance resident care or solve a problem in your facility. Be sure to define the problem/issue, what you did to solve it, and the outcome.

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## poster size

☐ Single poster ☐ Tri-fold