

Application Form

CHNIG Professional Development Bursary

To Attend the 13th National Community Health Nurses of Canada
Conference June 26-28, 2018, Regina, Saskatchewan

Title (circle one): Mr. Miss Ms. Mrs. Dr. Other:

Last Name:

First Name:

Street:

City:

Province:

Postal Code:

Phone number (with area code): Home

Work

Other

Email:

Status (circle one): Registered Nurse

Undergraduate Nursing Student

RNAO Registration Number:

How long have you been a member of CHNIG? (include dates):

Current Employer, area of practice, position, role:

Have you attended the CHNC National Conference in the past? (circle one) Yes No

If YES, provide the year(s):

Are you presenting at this year's conference? (circle one)

Yes

No

