



NRIG

Nursing Research Interest Group

Nursing Research Interest Group 2019 NRIG Conference Grant Application Form

PERSONAL INFORMATION

Surname:

Given Name:

Address:

Phone:

Email:

CNO Registration #:

RNAO Registration #:

Number of years of membership in NRIG:

CONFERENCE INFORMATION

Name of Conference:

Location of Conference:

Are you a presenter at this conference? No Yes (oral presenter) Yes (poster presenter)

Date of conference:

Have you received any other funding for this conference? Yes No

Your status: MN Student PhD Student Novice Researcher (< 5 years experience)

CONFERENCE GOAL SUMMARY AND EXPENSES: (please attach together with application form)

- In 300 words, please indicate your professional goals for attending or presenting at this conference.
- Total amount of conference funding requested (attach an outline of estimated expenses).

I certify that all information contained in this application is true and accurate.

Signature _____ Date: