



# Conference Funding Application

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Name

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Address

City

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Province

Postal Code

Phone

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Email

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RNAO membership #

DNIG Membership duration

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Employment status    Full time    Part time

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Employer

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Please tell us about the conference you wish to attend, approximate distance and your anticipated mode of transportation:

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\* **NOTE:** For reimbursement of agreed upon amount, an **expense report** and all receipts are to be submitted to DNIG, no later than 1 month following conference completion. Recipients are also asked to submit a **written report** on their experience to DNIG executive to share with membership.

**Please attach a 1-page document (maximum 500 words) outlining why you qualify for this funding.**

This brief personal summary must include:

1. Identified professional objectives for attending the diabetes conference.
2. Identified involvement (past/present) in diabetes professional practice/DNIG.
3. Identified strategy for sharing learning with nursing colleagues.

Please supply one professional reference:

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Name

Phone number

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

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Applicant signature

Date

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Please send completed scanned applications and any questions to the DNIG executive at [dnigchair@gmail.com](mailto:dnigchair@gmail.com).