



Conference Funding Application

Name

Address

City

Province

Postal Code

Phone

Email

RNAO membership #

DNIG Membership duration

Employment status Full time Part time

Employer

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

* **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:

Name

Phone number

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

Applicant signature

Date

Please send completed scanned applications and any questions to the DNIG executive at dnigchair@gmail.com.