

## Application Form

### CHNIG Professional Development Bursary

To Attend the 13<sup>th</sup> 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

