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CONFERENCE ATTENDANCE APPLICATION

Please fill out this form and return it to ______ by _____. 1. Demographics: name, contact information.

- 2. What conference would you like to attend?
- 3. What are the costs associated with attending (include registration fees, travel, etc.)?
- 4. How many hours/days of work will be involved?
- 5. What are three key things you would like to learn at the conference?
- 6. How will you share this information with other staff members?
- 7. What else do I need to know about you attending this conference?



CONTACT VICKI HESS, RN, MS, CSP, FOR MORE INFORMATION ABOUT KEYNOTE SPEECHES, TRAINING WORKSHOPS, CONSULTING AND PRODUCTS.

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