



## CNSA Conference Delegate/Attendee Application Form

1. This form must be completed and received by the Academic Advisor/Program Chair **at least four weeks prior to the conference.**
2. The applicant will be responsible to solicit approval signatures from **all** instructors where her/his absence from the respective course(s) will be necessary to attend the conference.
3. The applicant will return completed application form to the Academic Advisor/Program Chair at the respective institution to be approved.
4. This form must be legibly completed in full or it will not be evaluated.
5. Applicants should make a copy of the completed form for their own records.
6. Final approval will be provided to the student by email from Academic Advisor/Program Chair.

This form must be submitted to the appropriate institution:

**Nursing Academic Advisor**  
**Faculty of Health Sciences**  
**University of Lethbridge**  
**4401 University Drive West**  
**Lethbridge, AB T1K 3M4**  
**Fax: 403-329-2668**  
**Email: nursing@uleth.ca**

**Nursing Program Chair**  
**School of Health Sciences**  
**Lethbridge College**  
**3000 College Drive South**  
**Lethbridge, Alberta T1K 1L6**  
**Fax: 1-888-564-8207**  
**Email: liz.cernigoy@lethbridgecollege.ca**

***Student Contact Information***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Student ID Number \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Email Address \_\_\_\_\_ Date of birth \_\_\_\_\_  
dd/mm/yy

Current program:       BN                       BNAD

Year of program:       Year 1       Year 2       Year 3       Year 4

Conference dates: \_\_\_\_\_ to \_\_\_\_\_  
dd/mm/yy dd/mm/yy

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advising Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_