

Application for sponsorship to Bi-Annual CGNA conference

Conference city: _____ Year: _____

Name: _____

Address: _____

Email: _____

Phone: _____

Deadline for Application: March 31, 2025

Submit completed applications to mgnanursing@gmail.com

Please describe why you should be selected as a recipient for sponsorship:

___ Yes, I have been a member for 2 years or more.

Sponsorship will be considered for those members who have been active in the MGNA for 2 years or more. Reimbursement will occur after receipts and proof of attendance have been shown.

