



Canadian Association of  
Hepatology Nurses

Association Canadienne  
Des Infirmieres D'Hepatologie

## Conference Travel Reimbursement Form

Please review CAHN's Conference Travel Policy prior to completing this form.

### Member Information

Name:

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Address:

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City:

Province:

Postal Code:

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Telephone:

Email:

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Name of CAHN Room-mate

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Preference of Reimbursement (mark one): cheque: \_\_\_\_\_ etransfer: \_\_\_\_\_

### Expenses

Maximum of \$500.00

Accommodation:

\$ \_\_\_\_\_

Max of \$239.00. Which is for 2 nights (must be Fri, Feb 9 and Sat Feb 10, 2018) at 50% of the conference rate or hotel booked, whichever is lesser.

Airfare/Rail/Ferry/Shuttle etc.

\$ \_\_\_\_\_

OR

Mileage (if driving own car):

#KM \_\_\_\_\_ X \$0.50 = \$ \_\_\_\_\_

Mail to: Lori Lee Walston (506 Fader St, New Westminster, BC, V3L 3T5) with original receipts by March 25, 2018.