



CANADIAN
ASSOCIATION OF
CRITICAL
CARE
NURSES

Letter of Invitation

Dynamics of Critical Care™ Conference

All information requested must be included. Return the form to CACCN National Office at caccn@caccn.ca to request a Letter of Invitation.

Applicant's Full Name (as shown on Passport)	
Applicant's Mailing Address	
Applicant's Email Address	
Employer Name	
Employer Mailing Address	
Nursing Position	
Nursing Registration #	
Description of why you wish to attend the conference / how the conference will enhance your nursing practice	

I, _____ (name), understand the letter of invitation will only be issued upon receipt of ALL of the above requested information. Letters will not be issued for incomplete requests. CACCN **cannot and will not assist** with the Visa process, tuition funding for the conference, healthcare, travel expenses, accommodation expenses or expenses for travel documents.

Signature

Date