



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)	
Date of Birth	
Passport Number	
Passport: Country of Issue	
Passport: Expiry Date	
Mailing Address	
Telephone Number (Home)	
Telephone Number (Work)	
Email Address	
Employer Name	
Employer Mailing Address	
How long with Employer (months, years)?	
Nursing Position	
Nursing Registration #	
How long you intent to be in Canada?	

(dates from when to when; where you will stay before, during and after the conference)	
Applicant's Full Name (as shown on Passport)	
How will you finance your trip to Canada?	
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

Original Signature Required