

# PENNSYLVANIA ASSOCIATION OF PERIANESTHESIA NURSES



## Grant to Attend ASPAN National Conference Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Years in nursing: \_\_\_\_\_ Years in PeriAnesthesia nursing: \_\_\_\_\_

Active employment in PeriAnesthesia nursing:

Area of practice: \_\_\_\_\_

Employer address: \_\_\_\_\_

Manager signature: \_\_\_\_\_

Certification(s): \_\_\_\_\_

Reason for request: (100 words or less; may attached typed document) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ASPAN/PAPAN number: \_\_\_\_\_

Number of years of active ASPAN/PAPAN membership: \_\_\_\_\_

PAPAN member contributions: (list and include year)

Officer: \_\_\_\_\_

Board Member: \_\_\_\_\_

Committee Chair: \_\_\_\_\_

Committee member: \_\_\_\_\_

New member recruitment: \_\_\_\_\_

PAPAN (PeriAnesthesia PRIDE) conference attendance:

Conference/year: \_\_\_\_\_ Conference/year: \_\_\_\_\_

Conference/year: \_\_\_\_\_ Conference/year: \_\_\_\_\_

Professional awards, presentations, publications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail with application to:  
PAPAN Membership Committee Chair  
See PAPAN Website for mailing address

Postmarked no later than February 1<sup>st</sup>