



**CANADIAN SOCIETY OF NEPHROLOGY  
SOCIÉTÉ CANADIENNE DE NÉPHROLOGIE**

**SPEAKER REIMBURSEMENT FORM (CSN Member)  
2009 CSN Annual Meeting  
Edmonton, AB**

NAME \_\_\_\_\_ SIN \_\_\_\_\_  
First Name Last Name

ADDRESS CHEQUE TO BE MAILED TO \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

Policy: Canadian Nephrologists who are members of CSN can claim up to a maximum of \$600 upon submission of receipts. These funds can be used towards either airfare, hotel accommodation and/or meeting registration fee.

EXPENSES	AMOUNT
Airfare or Ground Transportation	\$
Hotel	\$
Registration	
TOTAL	\$

This form must be accompanied by a copy of your electronic airline ticket or in the case of ground transportation, a copy of the bus/train receipt, etc., as well as hotel receipt. If you travelled in your private vehicle, please provide the # of kms.

I certify that the items listed above are a true and accurate statement of expenses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail completed form to:

Canadian Society of Nephrology  
c/o Ms. Sandra Kelly  
Faculty of Medicine, Room H1759  
Health Sciences Centre  
St. John's, NL A1B 3V6

For CSN Office Use Only: Speaker RC CME AGM Cheque # \_\_\_\_\_ Cheque Amt. \_\_\_\_\_