



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

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

NAME _____ SIN _____
First Name Last Name

ADDRESS CHEQUE TO BE MAILED TO _____

PHONE NUMBER _____ E-MAIL _____

EXPENSES	AMOUNT
Airfare or Ground Transportation	\$
Hotel (up to 2 nights)	\$
Taxi (To & From Airport)	\$
Per Diem & Incidentals (Max of \$75 Cdn/Day)	
Honorarium (If Applicable)	\$750 (Canadian)
TOTAL CLAIM:	\$

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 and taxi receipts. If you traveled in your private vehicle, please provide the # of kms. Speaker Policy outlined on page 2.)

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. _____

EXPENSE POLICIES - SPEAKERS
RELATED TO THE CSN ANNUAL SCIENTIFIC MEETING

- Non-Nephrologist or Out of Country Speakers will receive:
 - Travel expenses: 14 day advance booking, economy airfare, seat sale if possible. In the event of late booking, only the cost of the 14 day advance booking fare will be reimbursed. (Alternatives by special arrangement.)
 - Hotel (up to 2 nights total accommodation)
 - Up to maximum of \$75 Canadian/day for per diem and incidentals
 - Honoraria: Offered as a token of appreciation, and in recognition of the educational/professional non profit organization status: \$750 Canadian