



3205 Mayfield Ave.
Halifax, Nova Scotia
B3L 4B4
www.nsamrt.ca

Lunch & Learn Funding Application

Name: _____ **Date:** _____

MRT: RTNM RTMR RTT RTR

Phone #: _____

Mailing Address: _____

Email: _____

Institution: _____

Please circle the professional designation(s) that best describe your audience:

RTNM RTMR RTT RTR RTR-CT Other: _____

Please circle how many people you expect will attend:

1-5 5-10 10-15 15-20 20+

How much funding is being requested? \$ _____

Briefly describe your Lunch & Learn topic and how you plan to use the funding:

Refer to the 'Lunch and Learn' section of www.nsamrt.ca to ensure your application meets the criteria for funding.

Please fax completed forms to (902) 473-3959 or e-mail to Ryan.Duggan@cdha.nshealth.ca

Internal Use

Date Received:

Amount Allotted:

Application: Approved | Denied

Signature:
