



310-380 Bedford Hwy, Bedford, NS B3M 2L4 [www.nsamrt.ca](http://www.nsamrt.ca)

## Lunch & Learn Funding Application

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Date/Location of Lunch and Learn: \_\_\_\_\_

MRT:      RTNM      RTMR      RTT      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:

1-10      10-20      20-30      30-40      40-50      50+ Specify \_\_\_\_\_

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](http://www.nsamrt.ca) to ensure your application meets the criteria for funding.

Please fax completed forms to (902)-445-9572 or email to [shawnabaughman@nsamrt.ca](mailto:shawnabaughman@nsamrt.ca) or [info@nsamrt.ca](mailto:info@nsamrt.ca)

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### Internal Use:

Date Received: \_\_\_\_\_ Application: Approved | Denied

Amount Allotted: \_\_\_\_\_ Signature: \_\_\_\_\_