# MIDWINTER BOARD MEETING GUEST ATTENDEE APPLICATION

**Date and Time:**

**Name and Credentials**

**Street Address**

**City, State, and Zipcode**

**E-mail**

**Phone number**

**Number of years as a SOHN member**

**Involvement in SOHN Activities\*** *(e.g. Chapter member, SIGs, Committees, Speaker)*

1.

2.

3.

4.

5.

**Statement of interest to serve as a Guest Attendee at the Midwinter Board Meeting (MWBM**). *Explain how your participation at the MWBM will prepare you to for your future goals within SOHN\**.

**I understand that if selected I will be available to attend the MWBM on the dates indicated on this application.**

**APPLICANT'S SIGNATURE.**

**ENDORSEMENT SIGNATURE** *(Chapter Officer, Committee Chairperson, or Member of SOHN Board of Directors)*

Name:

Signature.

***Return form to*** ***info@sohnnurse.com***

\*Please use additional pages if needed.