

MNA Regional Council 5

340 Turnpike Street Canton, Massachusetts 02021
781-821-8255 TEL 781-821-8256 FAX www.massnurses.org/region5

2011 MNA Convention Reimbursement Form

Name: _____

Address: _____

Phone: home _____ work _____

Employer: _____

Please submit copies of receipt(s) or cancelled check(s) for reimbursement. Mail this form and supporting information to the above address.

(1) **MNA convention registration** \$ _____
(does not include optional event fees)

(2) **Housing**

Single occupancy (one night reimbursement)

OR

Double occupancy (two nights reimbursement*)

both occupants need to be MNA Region 5 members

NOTE for double occupancy reimbursement:

Name of R5 MNA-member roommate: _____

When reserving your double occupancy room at Marriott
Newton, ask that both members' names be identified on your
receipt. Either one of you may request full reimbursement
or both of you may request half reimbursement.

\$ _____

Total Reimbursement	\$ _____
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I was a Region 5 member during the 2011 convention.

I attest that the above information is true. Signed: _____

Deadline for submission of reimbursement is February 1, 2012.