



# CONVENTION REIMBURSEMENT FORM

MNA Regions and Unit 7 (State Facilities) members may request reimbursement for convention registration and hotel expenses. Reimbursement is not provided for food or optional event fees. Please be advised that in order to qualify for reimbursement you must be a full member in good standing (your dues are up to date). You must also attend all convention programs (members must be present for the entirety of all sessions, including the business meeting) and show proof of attendance. Receipts for reimbursement must be stapled to this form and submitted to your region within 60 days of convention.

Please print

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Personal email: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Name: \_\_\_\_\_

### Regions (1- 5) Reimbursement

MNA Regions will reimburse its members for convention expenses up to \$350.00 on a first come first serve basis as funding is available.

Convention Expenses Submitted for Reimbursement:

Hotel: \_\_\_\_\_

Registration: \_\_\_\_\_

Parking: \_\_\_\_\_

Convention Expenses Total: \_\_\_\_\_

Mileage: \_\_\_\_\_

From City \_\_\_\_\_ to City \_\_\_\_\_

### Submit to regional office.

#### Region 1 (Western Mass)

241 King Street • Suite 226 • Northampton, MA 01060  
Phone: 413-584-4607 • Fax: 413-584-8171

#### Region 2 (Central Mass, MetroWest)

365 Shrewsbury Street • Worcester, MA 01604-4631  
Phone: 508-756-5800 • Fax: 508-756-5804

#### Region 3 (Cape, Islands, South Eastern Mass)

P.O. Box 1363 (60 Route 6A) • Sandwich, MA 02563  
Phone: 508-888-5774 • Fax: 508-888-5750

#### Region 4 (North Shore, Merrimack Valley)

50 Salem Street, Bldg. A • Lynnfield, MA 01940  
Phone: 781-584-8012 • Fax: 339-440-5830

#### Region 5 (Greater Boston)

340 Turnpike Street • Canton, MA 02021  
Phone: 781-821-8255 • Fax: 781-821-8256

### Unit 7 Reimbursement

For the 2021 Convention only, Unit 7 will offset Convention expenses for registration, hotel cost and parking fees up to \$500.00

Convention Expenses Total: \$ \_\_\_\_\_

Submit to Unit 7 Executive Board • c/o Massachusetts Nurses Association • 340 Turnpike St Canton MA 02021

Attestation: I attest that the information submitted is accurate and true to the best of my knowledge.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Region Chair/Unit 7 E-Board Executive Approval: \_\_\_\_\_

For office use only

VENDOR# \_\_\_\_\_ DD \_\_\_\_\_ ACCT.UNIT # \_\_\_\_\_ INV# \_\_\_\_\_ DUE DATE \_\_\_\_\_

REF \_\_\_\_\_ BATCH # \_\_\_\_\_ ACT \_\_\_\_\_ CHK # \_\_\_\_\_ CHK DATE \_\_\_\_\_