



## Application for Reimbursement for Education in the Neurosciences

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email \_\_\_\_\_

Best time to reach you if there are questions: \_\_\_\_\_

Are you a current member of AANN Triad Chapter? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you attended at least one educational offering of the AANN Triad Chapter in the past year? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Have you assisted with or participated in any other activity with the AANN Triad Chapter in the past year? \_\_\_\_\_ If so, what? \_\_\_\_\_

Name of Educational Offering \_\_\_\_\_

Date held: \_\_\_\_\_ Place \_\_\_\_\_

Cost: \_\_\_\_\_

Please attach a copy of your CE certificate documenting completion of the offering and paid receipt.

Send to:

Jonna Mason, President

804 Montgomery Court

Walnut Cove, NC 27052

Email: [jmason@wakehealth.edu](mailto:jmason@wakehealth.edu)