

BREAST CANCER - TRAIN THE TRAINER PROGRAM

5th – 7th March 2010 – Atlanta, Georgia, USA



NOMINEE/SELF NOMINEE

Title: Mr/Mrs/Miss/Ms

First Name:..... Family Name:.....

Mailing Address:

Post/Zip Code: Country:

Tel: Fax:.....

Email:

Place of Work:

Position Held/Job Title:.....

Numbers of Years Experience in Nursing:

Fluent in written and spoken English: _____ Yes _____ No

Agree to provide follow up report: _____ Yes _____ No

Have you included:

- 1. A description of Your current nursing responsibilities? _____ Yes _____ No
- 2. A description of your work with cancer patients in 200 words? _____ Yes _____ No
- 3. Two letters of support? _____ Yes _____ No
- 4. A 300 word supporting statement on how information from the program will be used? _____ Yes _____ No

**Attach this form to your supporting statements and return to ICCN Secretariat,
375 West 5th Avenue, Suite 201, Vancouver, BC V5Y 1J6, Canada
Tel: +1 604 630 5505; Fax: +1 604 874 4378;**

Email: info@isncc.org

Web site: <http://www.isncc.org>

**NOMINATIONS MUST BE RECEIVED BY THE SECRETARIAT BY
January 22nd, 2010**

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1. Describe your current nursing responsibilities:

2. Please provide up to 200 word description of your work with cancer patients:

3. Please provide two letters of support:

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Supporting statement

Please provide up to 300 word essay on how you will use the information from the Breast Cancer - Train the Trainer Program and have influence and impact on breast cancer care in your country:

Signed:.....

Date:.....