1100 Wayne Avenue, Suite 925 Silver Spring, Maryland 20910 866-627-6767 (phone)



301-585-1791 (fax)

[nasn@nasn.org](mailto:nasn@nasn.org) (email)

[www.nasn.org](http://www.nasn.org/)

**[Date], 2023**

**Dear [your supervisor’s name]:**

I'm seeking support to attend NASN2023, an exceptional learning event with the largest gathering of school nurses. This conference is hosted by the National Association of School Nurses (NASN). It brings school nurses and other school health team members together from across the United States and around the globe.

At a distinguished conference like this, you can be assured that my attendance will benefit our school community. Evidenced-based approaches to keep students healthy and in school are a major component of the agenda. Nursing interventions for students with chronic health conditions will also be addressed. These reasons stand out, but please let me know if I can share more with you.

NASN2023 is actually two events; In-Person NASN2023, hosted in Orlando, Florida, and Virtual NASN2023, hosted online. These events happen on different dates and have different sessions and faculty. I would like to attend **[insert your choice: In- Person NASN2023, Virtual NASN2023, or both, which is the NASN2023 Bundle]** and respectfully request assistance with the registration fee and related costs.

Conference dates are **[insert In-Person NASN2023 dates: June 30 to July 3, 2023, Virtual NASN2023 dates: July 10 to July 12, 2023, or both dates if you are requesting the Bundle]**.

The estimated cost to attend is **[insert the total cost from the calculation further down in this letter]**. If I register by May 1, 2023, the early registration rate applies.

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**Registration Fee and Related Costs**

* **Conference Registration [insert the registration fee that applies to you from page 4 of this toolkit]**
* **Roundtrip Airfare**: **[insert estimated cost]**
* **Transportation costs: [insert additional or alternate transportation costs such as shuttle, tram, parking (hotel parking is $40/daily)]**
* **Lodging**: $199 Single & Double (plus applicable state and local taxes and fees)

X **[insert the number of nights]** nights = **[insert estimated cost]**

* **Optional Resort Fee: $25** (plus applicable state and local taxes and fees) X

**[insert the number of nights] nights** = **[insert estimated cost]**

* **Meals**: **[insert an estimate]** NASN provides limited complimentary food; please plan accordingly.
* **Other expenses**: **[insert estimated costs not already suggested]**

Thank you in advance for your consideration of this request. I would be so grateful to make this investment in the health and education of our students.

**Sincerely, [your name] [your title]**

**[your contact information]**