

< date >

Dear < insert employer's name or salutation >,

I seek your support to attend NASN2024, 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. Evidence-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.

NASN2024 is actually two events: In-Person NASN2024, hosted in Chicago, Illinois, and Virtual NASN2024, hosted online. These events happen on different dates and have different sessions and speakers.

I would like to attend **[insert your choice: In-Person NASN2024, Virtual NASN2024, or both, which is the NASN2024 Bundle]** and respectfully request assistance with the registration fee and related costs.

Conference dates are **<insert In-Person: June 28 - July 1, 2024 | Chicago, Illinois; Virtual July 8 - 10, 2024 | Online; or both dates if you are requesting the Bundle option>**.

The estimated cost to attend is **<insert the total cost from the calculation further down in this letter>**. If I register by May 1, 2024, the early registration rate applies.

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 valet parking is \$84/overnight)]
- **Lodging:** \$219 Single/Double occupancy | \$244 Triple occupancy | \$269 Quadruple occupancy (plus applicable taxes, service fees, and hotel-specific fees) X [insert the number of nights] nights = [insert estimated cost]
- **Meals:** [insert an estimate] NASN provides limited, complimentary coffee and snacks. Please plan on covering all meal expenses.
- **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 signature >