



Certified Foot Care  
Nurses Interest Group

## *Permission to Advertise*

### Check appropriate RHA:

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Assiniboine | <input type="checkbox"/> Parkland               |
| <input type="checkbox"/> Burntwood   | <input type="checkbox"/> Nor-Man                |
| <input type="checkbox"/> Brandon     | <input type="checkbox"/> North Eastman          |
| <input type="checkbox"/> Central     | <input type="checkbox"/> South Eastman          |
| <input type="checkbox"/> Churchill   | <input type="checkbox"/> Winnipeg (be specific) |
| <input type="checkbox"/> Interlake   |   |

### Complete the following:

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

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

Business phone number: \_\_\_\_\_

Area of Practice: \_\_\_\_\_

\_\_\_\_\_

I hereby give the Certified Foot Care Nurses Interest Group (CFCNIG) permission to advertise the above information on the [www.footcarenurse.ca](http://www.footcarenurse.ca) website as well as on the CFCNIG contact list. This authorizes the CFCNIG to keep my name and address in the data base (unless notified in writing to remove), as well as the mailing list to receive foot care related information in the mail.

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

#### Mail or Fax to:

College of Licensed Practical Nurses of Manitoba  
463 St. Anne's Road  
Winnipeg MB R2M 3C9  
Fax 1-204-663-1207