

## Letter Template

[Date]

Dear [Supervisor's Name],

To help provide our patients with the most up-to-date, evidence-based bereavement care, I would like to attend Resolve Through Sharing Bereavement Training (Perinatal Death or Neonatal and Pediatric Death, or Pediatric and Adult Death) on [Date] in [Location]

Resolve Through Sharing training is considered the "Gold Standard" in bereavement care and education worldwide, and empowers attendees to develop and/or enhance bereavement care through skill building, support materials and tools, and access to the most current research. I will have direct interaction with Resolve Through Sharing representatives and peers with whom I may discuss specific issues and identify new products and services that will help our facility to improve patient care.

The full price conference fee is \$\_\_\_\_\_. Group discounts are available.

The costs associated with attending this conference total \$\_\_\_\_\_.

- Round-trip Airfare: \$\_\_\_\_\_
- Transportation: \$\_\_\_\_\_
- Lodging: \$\_\_\_\_\_
- Meals: \$\_\_\_\_\_
- Conference Fee: \$\_\_\_\_\_

Attending Resolve Through Sharing Bereavement Training will enhance my professional knowledge and skills. In addition, I will be able to share what I learn with you and my colleagues so that we may, together, promote best practices in bereavement care at [Facility Name]

Thank for your consideration of this request.

Sincerely,  
[Your Name]