

# Advanced Enteral Nutrition Program

## Letter of Interest



PLEASE NOTE: Fillable PDF only. Form cannot be saved. Please print.

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In 500 words or less, please describe your interest in participating in the Nestlé Nutrition Institute Advanced Enteral Nutrition Program along with your expectations. In addition, identify how you plan to share the knowledge and experiences gained from this program with members of your healthcare team to enhance patient care.

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

Please submit your completed application and letter describing your interest to the address below or fax to 866-546-3005.

Nestlé HealthCare Nutrition  
Attention: Yvette Gaughan  
2150 E. Lake Cook Road  
Riverwalk 1, Suite 800  
Buffalo Grove, IL 60089

**Nestlé**  
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