**TITLE, LOCATION and DATE(S) of PROFESSIONAL LEARNING CONFERENCE/WORKSHOP:**

**TITLE of EVENT:**

**LOCATION of EVENT:**

**DATE(S) of EVENT:**

**REGISTRATION FEE:**

* Member/group rate only
* Please attach a copy of the completed registration

form(s) and a brochure or descriptive flyer

**HOUSING EXPENSE:**

\_\_\_\_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_

Number of nights X Room rate + tax = Housing expense

**TRAVEL EXPENSES: (Should include all of those listed below)**

* Airfare
* Shuttle/Taxi/Uber/Lift
* Baggage

**TOTAL AMOUNT REQUESTED:**

**AMOUNT YOUR SCHOOL IS WILLING TO CONTRIBUTE TO FUND**

**NAME OF PERSON REQUESTING FUNDING:**

**HOME and SCHOOL EMAIL ADDRESSES:**

**SCHOOL:**