



Conference Request Application

Complete this form in its entirety, incomplete forms will not be accepted or considered. Send completed form to the union office via the pony or email to office@wearecnta.org.

Name of the Conference: _____

Date(s) of Conference: _____

Conference Location: _____

Describe how you will benefit from attending this Conference:

Please be advised that all conferences must be approved by the CNTA Executive Board and signed by the CNTA President before registering for any conference. When attending a conference/training sponsored by CNTA, it is expected that you shall share the knowledge and information you gain with the CNTA membership. **In order to do so, you will be required to complete the CNTA Post Conference Evaluation Form to receive reimbursement.**

Member Name: _____

Date of Request: _____

Member Personal Email: _____

Member Cell Number: _____

Home Address: _____

Once a participant's Conference Form is signed by the CNTA President, the CNTA office will contact you to help you coordinate registration and accommodations. Keep in mind you need to register ASAP as hotel rooms and conference sessions fill up fast. **Please review the Expense Reimbursement Policy, as unapproved costs will be at the expense of the member.**

I have read the Expense Reimbursement Policy and the above terms and conditions and agree to abide by them.

Signed: _____

Date: _____

For Office Use Only

<i>Conference Fee:</i>	<i>Lodging Cost:</i>	<i>Transportation:</i>	<i>Meal Cost Estimate:</i>	<i>Sub Costs:</i>	=	<i>Total Estimated Costs:</i>

IRS Mileage Rate

Date Conference Approved by the CNTA Eboard: _____

CNTA President: _____ *Date:* _____