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: _____

Conference Fee *Cost to attend Conference*	**Lodging Cost:** *Total cost of Hotel*	**Transportation**: *# of miles round trip x $0.56*	**Max Meal Cost Estimate:** *# of days x $80.00*	**Sub Costs:** *# of days x $192.32*

Overall estimated cost of attending: $ 0.00

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 Email: _____ Member Cell Number: _____

School Site: _____ Grade Level/Subject: _____

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: _____

Date Conference Approved by the CNTA Eboard: _____

CNTA President: _____ **Date:** _____